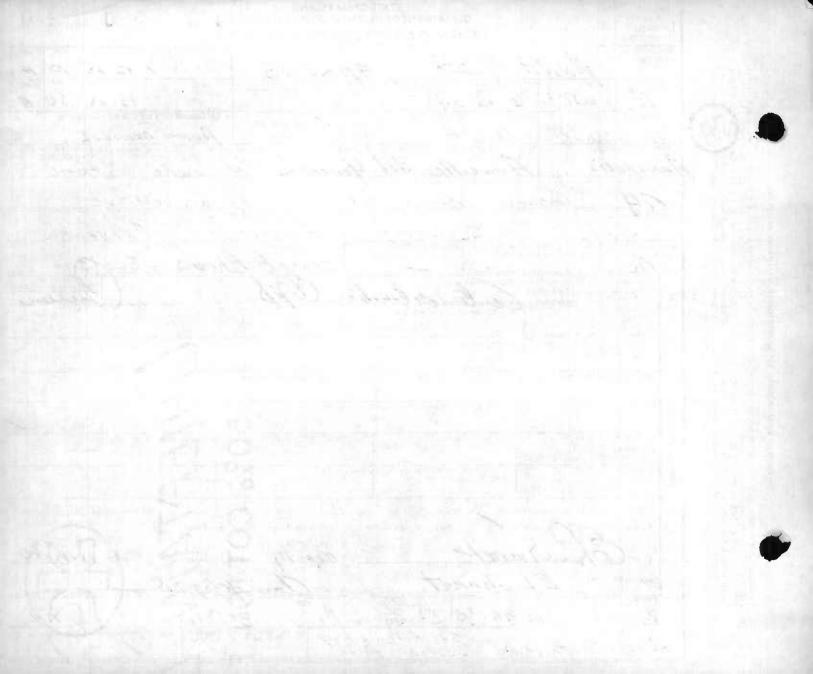
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN [ MONTH DAY 2b. HOUR TYPE CHEPRINE ESTI-DEATH MATED 1950 DATE OF BIRTH 6. AGE (IN YEARS DAY IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) MONTH PRONOUNCED 6 15 04 DEAD YRS TE BETHPLACE CITATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED [ DIVORCED MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS OR INDUSTRY SUAL RESIDENCE IN IN HURSING METHO OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) **WILL COUNTY** 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 0350 YES 🕝 NO [ A FATHERM NAME 15. MOTHER'S MAIDEN NAME HIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES CAUSE OF DEATH (Enter only one cause per fine log (a), (b), and (c) MEN CHISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CANSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME TYPE OR PRINT 4 O 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATOR COUNTY STATE St. Johns 24. FUNERAL DIRECTOR 25s. DATEREC'D/BUREGUISMAN 25s. MEGOSTRAWIG SOUNATURE **DHMH-17** (VR A15 ME (5)) Darranco 15M7/77



- STATE

DHMH-16 25M

REGISTRAR

TIP AMERICANA DR SADDRESS- HORN FT. DR. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(or 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN WNAPOUIS MD **FUNERAL DIRECTOR** (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

YEAR

DAYS

IF UNDER I YEAR

NG LIFE) INDUSTRY

2h HOUR

HOURS

12h. KIND OF BUSINESS OR

IF UNDER 24 HRS

MINDRED IN REDER DIES 12 02 801 FROM FEMPOLE 6417E 11 16 95 85 USA V COMPANY STORM PARTY POLLS PARE HUNDER GENERAL CONTRACT TO RESERVE TO BURGANIZE RECORDED X THOUSENESS OF LINES PREHIDENCE PLOUGHE TORTER DO - The State of During Household HO 1988 SURIA- 10/5/30 HILLESS - 4388 BORES - 11 John W. T. W. Lake Sour Francisco P. D.

the ottending physician and completely filled in remove corbanpapers. Pages 1 and 2 should be first

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remaval.

injury, or ather troumatic event, th

MPORTANT: If them 21 is marked or them 18 shows ony

STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 U	<b>.</b>	UU	la la
	CEASED NAME	FIRST		WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(1 A b	CLA	RENCE		JOSEPH	ALI	LEN	DECEMB	BER 25	. 1980	9:36P M
3. SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	Male	FINA	Whi	te	Marc		59	YRS	ONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR E COUNTRY)  Maryland	FOREIGN 7b	U.S	WHAT COUNTRY?	8 MARRIEI WIDOWE		9. BALTIMORE CITY O	_		MD
	EN BURNIE		(IF NOT IN SU	HOSPITAL, NURSIN JICH FACILITY, GIVE STREET ARUNDEL HO	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE)		Motors
130.	AL RESIDENCE (IF NURS STATE	13b COUNTY	HER INSTITUTION	Glen Bur	N	13d. INSIDE CITY LIMITS? YESXXX NO [	13e STREET ADDRESS 712 Maryla	nd Ave		
14. F	Joseph	₿ĕ	al	Allen		15. MOTHER'S MAIDEN NA FIRST Ethel	Lee MIDDLE	Col	eman (AS	т
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		215 18 96	RITY NO.	Wayne B. All	ADDRE			21061)
	18 CAUSE OF DEAT PART I. DEATH W		BY:	er line for (a), (b), one		- INFARCTION,	MASSEUL		BETWEEN C	CHICATE
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate ng the	(b)_	DR AS A CONSEQUE	ATEN	SOON			9	YAS.
NO	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS (	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	) 1
CERTIFICATION	190 DATE OF OPERA	TION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	RT 1 OR PART 2}	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗀		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a. I certify that (f) sow the decease above, (I) (we) (c	ed olive on	9	19_	50 , or	od that in (my) (our) opinion	deoth occurred on the de	ote and hour		that (we) last couses stated
	226. SIGNATURE	THE PARTY	eny l			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	26-80
	22d. PHYSICIAN'S NA	AME (TYPE OR PI	RINT)			22e. ADDRESS				

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR George J. Gonce, 4001 Ritchie Hg., Baltimore, Md

Burial

23a. BURIAL, CREMATION, REMOVAL

LEON

236. DATE 12/29/1980 230 NAME OF CEMETERY OR CREMATORY

325 HOSPITAL DRIVE, GLEA 23d LOCATION
Glen Burnie

DFC 2 9 1980

STATE

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Prono	1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3 0 0	2 3
Nat y be 3		CEASED NAME OR PRINT	RACE MIDDLE	BB	984		12 20-80	2 P M
_ M	70 B	Female IRTHPLACE, (STATE OR FOREIGN 7)	CITIZEN OF WHAT	OUNTRY?	- 23 94	86 BALTIMORE CITY OF	YRS DAYS YRS	HOURS MIN
	1	ITY OR TOWN OF DEATH 11,	USA	, MARRIEI WIDOWE	NEVER MARRIED   DIVORCED   ROTHER INSTITUTION	HUNE A	PUNDEL	MD.
201 Ocur utt	H	mapolis H	WWAPOHI	ULESING	11	TYPE OF WORK FOR MOST OF	PORKING LIFET INDUSTRY	BUSINESS OR
IAND 21	130	AL RESIDENCE (# NURSING HOME OR OTH STATE 136 COUNTY ATHER'S NAME	2. She	YWOR TOWN	134. INSIDE CITY LIMITS? YES NO NO	518 LITTLY	e John Hil	1
Cuted w		adolph MOO		Dahl	Fredrick	ADDRE	cc /1	peler
TIMORI se be exe Pages 1	100.	VAS DECEASED EVER IN U.S. ARMEI YES NO OR UNKNOWN) (IF YES, GIVE WAI		32 1969	Harry W. C	Bashy	# 13a	ATE INTERVAL
RDS, 201 W. PRESTON ST., a w requires that the death cortif on signed by the attending phy Then phases remained, car remained or to burial, cremation, or remain my injury, or other traumatic any	NON	Conditions, if ony, which gave rise to immediate cause ia), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	CONSEQUENCE OF	Heart track	Maccon INAL DISEASE OR CONE		
ALRECO	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES ( YES	
DIVISION OF VITAL DING PHYSICIAN ITENDING PHYSICIAN After that certificans of the burial transit p th and Mental Hygu marked or item 18	MEDICAL CES	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]	
DING P Therth After th s the bur th and N marked	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ATTEN spiral or a RECTOR Hor use a r, of Heal		220.1 certify that (1) (this hospital) saw the deceased alive an above (1) (we) (did) (did nat) vi		7_19, or	, 19 d that in (my) (aur) apinion	, ta death occurred an the do	ite and haur and from the c	
by the hos by the hos ERAL Diff et detached State Dep		226 SIGNATURE	Tou	ue 87/	ATTENDING PHYSICIAN [	MEDICAL STAF	FIAN DE SON	LASTO
TO HOSPITA retained by the TO FUNEPAL should be deno with the State MRORTANT	122	JON B.	howE/	8	121 Cattle	Deal ST	- HWWAPO	Ls, MD.
ВР		emation  UNERAL DIRECTOR	Dec. 23, 19	80 Ff. Lin	EMETERY OF CREMATORY	BEEUTW.	OOD P.C.	MS ?
DHMH-16 25M (VRA 15, 4) 1/79	T	ohn M Taylor &	ons Ann	apolis, M	DÉ (DÉ)	C 2 3 1980	Pirting Male	

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6	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 U 3	U U 2 4 E.S.T
e me		CEASED NAME FIRST		VIS LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(A)	2.55		ELIZABETH	BALLMAN		980 5:13 m
M)	3 58	× FEMALE	4 RACE WHITE	5. DATE OF BIRTH  MONTH  AUG. 5, 1912	6 AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
To Force		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
y the fune ed within	10. C	MARYLAND ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
in by		GLEN BURNIE	NORTH ARUND	EL HOSPITAL	(Ret.) Secret	ary & Heatin
filled in hould be	13a M	ARYLAND 136. COUR		URNIE YES NO	108 GLENMON	RNDALE) T AVENUE
completely 1 and 2 s	14 F	ATHER'S NAME WILLIAM	MIDDLE BRUN	DIGE 15. MOTHER'S MAIDEN N SALLI	MIDDLE	EMRICK
S. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 212.42	100 MAD	AUGHTER) DDRESS 10 Y E. TACKA RO	1 N. LONGCROS
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nos been permit. T ne priar. I ws ony in	CERTIFICATION	19s. DATE OF OPERATION	- MITTER SHORING WHICH	CONTRACTOR PERFORENCE OF	IN CERTI	S. WERE FINDINGS USED FYING CAUSES OF DEATH?
icate h ronsit Hygie 18 sho		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT A M. MONITH O	PAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
r this certif the burial-t and Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M.  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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21 12		saw the deceased alive on above, (1) (we) (did) (did no	the body offer death	0/	n death occurred on the date and ha	ur and from the causes stated
by the hosp ERAL DIRECT The detected of the de		77h SIGHATUR	Stot	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/8/SV
FUNE old be the Si		ANASTACIO E	SUBONG, M.D.		CWOOD ROAD	061
		BURIAL CREMINION, REMOVAL	236 DATE DEC . PS.	NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP	24 F	BURIAL	5, 1980 L	OUDON PARK CEM.	BATTIMORE ATE REC'D. BY REGISTRARIZSD REGIS	MD.
(RA 15, 4)	1		FUNERAL HOME	GLEN BURNIE, MARYLAND DE	C# 1980	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

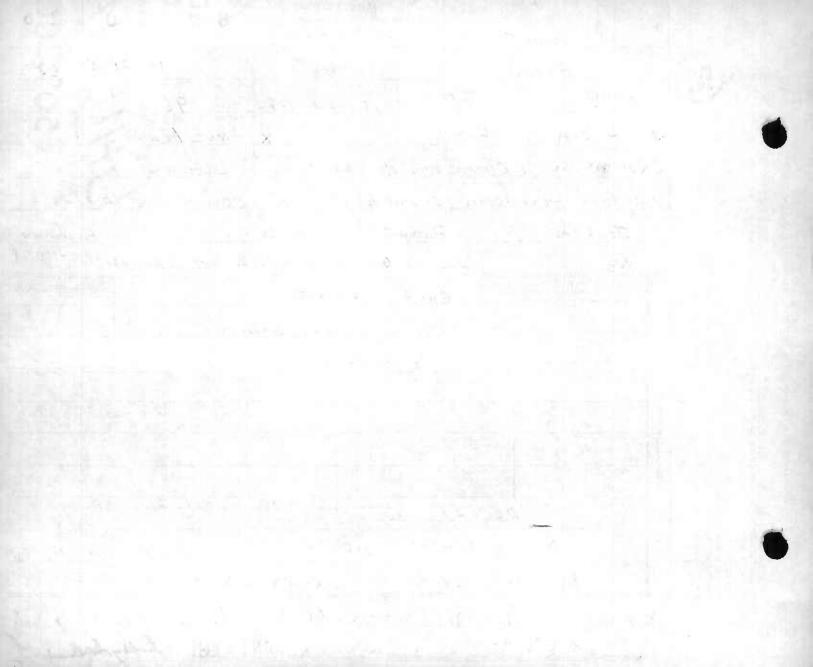
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	TAI	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled the strain after dwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours where the may retained by the hospital or attending physician.	oh show

	١,	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	TIENE 8 0	30025
	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
		Michael	S	Balta	12	17 80 CL AM
	3. SE		RACE 1.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
		MALE	11)HITE	May 24, 1905	175	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 7	. CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9. BATIMORE CITY OR C	
50	N	Jass.	ILSA	WIDOWED DNORCED	HNWE HI	EUNDEL MD.
3	MC	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION	RKING LIFE) INDUSTRY
OC	H	JWAPOLIS	JUI THE BUE	VE.	Loom Fixe	M - 1 00 11
27	13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c. CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
35	Lr	D A	1 Annaso	IS YES NO P	401 Harb	or Drive
	14. EA	THER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAŞT
)21		Unknown		Catherin		Balta
	16a. V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	Sameas
		No	1182-01-	0580 Margare	Deacon	#13a
, ,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and	d IC	, .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2		IMMEDIATE		myorardial rula	uten	dustant.
0101		410	DUE TO, OBAS A CONSEQUE	NCEOF		0 1
		Conditions, if ony, which gove rise to immediate	(b) Camany	artry in y frame	1	Jennel years
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
ar of			(c)			
inlury,	NO	PART 2. OTHER SIGNIFICANT CO	DUDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	TINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1161
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	THE				YES NO	YES NO
0		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	AED.	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	WHILE NOT WHILE AT WORK				
E S		22a.1 certify that (1) (this hospita		4 4 1977		7 . 19 60 , that (1) (we) last
7 1		obove (1) (did) (did nat)	7		death occurred an the dote a	and hour and from the couses stated
		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	1	"Jumas	holewer w	PHYSICIAN [	DIRECTOR PHYSICIAN	12/17/60
2		226 PHYSICIANS NAME (TYPE OR	PRINT)	22e ADDRESS	1 % - 7	1 1 1
MA I		John L. He	deman	140 Pore	ST Drive 1	Innapolis INU
	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
-	7.	Purial	Nec 291980 +	loly Cross Cem.	/eadon	Del. PA
7	24 F	UNERAL DIRECTOR	1 C ODDRESS	West DE	E REC'D. BY REGISTRAR 25b.	RESULTINGE SIGNATURE
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2 2 0 0 - - 0 8 - - - - 0 2 2 1935/08 11 80 1 ST 1 SOLET PINAE STATE MAY STAND JAMES Mass Henry Henry Henry HARDANIES 1901 HARRED DR. LOGINE OVER TEXTILE TO BE sword reduction to the comment of the comment a the new months of the new adays Desire garden termonoline co-10-281 Bedrole - Andrew Line one of the moderate and the second second second and a file of the self of the Dervice Dec 2011 to by Court Com. Yeardow De la PA che it so the first im education of end end to the model in

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4	11.	FOR STATE REGISTRAR AUGUL	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		<b>3 0</b>	0 2 6
: 7		CEASED NAME FIRST OR PRINT)  AUGU	MIODLE	BANGERT	20 DATE OF DEATH	MONTH DAY YEA	10
de 4 mo	3 SE		white	5 DATE OF BIRTH MONTH DAY YEA	6 AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
eoth. Ponerol din 72 Bit one	7a. B	PIHPLACE (STATE OR FOREIGN DUNTRY) L. S.A	CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY	ARUNDEL CO	
by the further defend with	10 C	ROWNSHILL	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE CROWNS V. //o	ADDRESS) HOS B. Hal Cents	N 120 USUAL OCCUPA	TION 12b. KIN 1 OF WORKING LIFE) INDUS	ND OF BUSINESS OR
filled in could be mystabe	13a	AL RESIDENCE (IF NURSING HOME OR O STATE  AMYLAND  AWKL	Y 13t. CITY OR TON		13e STREET ADDRESS		2432
mpletely ond 2 sh	14. F/	Toseph MI	Bâna Bâna	15 MOTHER'S MAIDI	EN NAME MIDDLE	4	Zichards
Poges 1		VAS DECEASED EVER IN U.S. ARM YES, NO ORUNKNOWN) (IF YES, GIVE V	NED FORCES? 166 SOCIAL SEC 220-54	JRITYNO. 17 INFORMANT -6643 Admissio	Va MIDDLE ADDI	CROUMSV!h	le Hosptel
I the deoth certificate the attending physicis remove cachonopper cremotion, or removal. ther traumatic event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE	ENCE OF 1		APP BETW	ROXIMATE INTERVAL FEN ONSET AND DEATH
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icion.  ste hos brusit perm rgiene pr shows or	CERTIFICATION				YES 🗆 NO 🔀	IN CERTIFYING CAU	ISES OF DEATH?
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After this os the bu Ith and M torked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TO	OWN COUNTY	STATE
Septel or Septel or CTOR: A d for use of t. of Health m 21 is ma		22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (4444)		Dec. 2.0., 19	80, to, to	date and haur and from	, that (I) (we) lost the causes stated
AL OR AL DIRE detocher		22b. SIGNATURE	my chum Ro	DEGREE  M.D. ATTEND PHYSIC	ING MEDICAL ST.		ATE SIGNED
TO HOSPIT, retained by TO FUNER, should be d with the Sta MAPORTAN		22d. PHYSICIAN'S NAME (TYPE ORP	14 CHUN RO	CROW	ns ville Hos	pital con	iter
BP	23a. 8	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c.	name of cemetery or cremated the comments of t	TORY 23d, LOCATION CHYORTOWN	COUNTY	el le. Jud.
HMH - 16 60M 1/75 (VR A 15 (4))	24 F	NAME PLEASE . )	uttes and ADDRESS	w. horth A.o.	JAN 1 6 1981	R 25b. REC ISTRAR'S SIGI	NATURE



\$ 3	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	3 (	0 0	2 7
op pe		CEASED NAME FIRST Lottie	Rebecca		mes		MONTH DA	YEAR	2b. HOUR
4 may be edar, page 3 rs after death	3. SE	x 'emale	RACE Black	S. DATE	11 <sup>AY</sup> 1909	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
destroy direct direct within 72 hours	С	Danville, Va.	75. CITIZEN OF WHAT COU	WIDOW			rundel	County	MD
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S	everna Park	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACULTY, GIV 1 HOYLE	Place		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS OR
MARYLAND 21201.  ted within 24 hours of smpletely filled in by ond 2 should be filled and the sh	13a N	AL RESIDENCE (IF NURSING HOME OR STATE   13b. COUN   Argument   13b. COUN   Argument   13b. COUN	other institution, give residence ity of Seve	R TOWN Park	YES NO 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	Place,	Severn	a Pk.
RE, MARYLAI ecuted within d completely es I and 2 sh irol examiner	14. F/	ATHER'S NAME William		berts	15. MOTHER'S MAIDEN NA. Mary	MIDDLE		Wigg	ins
BALTIMORE, cote be executory sicon and copers. Pages 1 val. 11, the medical 11, the medical	16a. N	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIVE		36-6851	Rev. J. G. I	Barnes S	everna	yle Pla Park,	
hat the deoth certifiby the attending phose remove corbanp see remove corbanp 1, cremation, or remainer troumatic ever		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause lost.	ly one couse per line for Ia), D BY: E CAUSE (a) MA I  DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	ISEQUENCE OF	LCA, OF	Lin's		BETWEEN O	MATE INTERVAL
RECORDS, 30 low requires ss been signer ermit. Then pl e prior to buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT C				200 AUTOPSY?	20b. IF YES.	WERE FINDING CAUSES	IGS USED
N OF VITA  SICIAN: Th  ng physicio certificate I riol-tronsit entol Hygie them 18 sho	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR!				NO L
O O O O E	ME	WHILE NOT WHILE DAT WORK AT WORK	(AT HOME, STREET, FACTORY,		STREET 19	city OR TO	WN 3 1	9.20, 1	STATE how (1) (we) lost
he pilke	2	saw the deceased after an above, (h) well (did) faid no 2% SKINATURE :	21 896	19_80,0	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL STA	AFF _	22c. DATES	
TO HOSPITAL Cretained by the TO FUNERAL Behalf be detail with the State Dimportant; if	23a.	BURIAL, CREMATION, REMOVAL	(OR LENT)		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24 F	Burial UNERAL DIRECTOR ILLTAM REESE& S	12-17-1980 ONS MORTUARY,		nter Hill is, Md. 250. DAT	Round Ba e rec'd. By registrar 16 1980		A.A.	Md.

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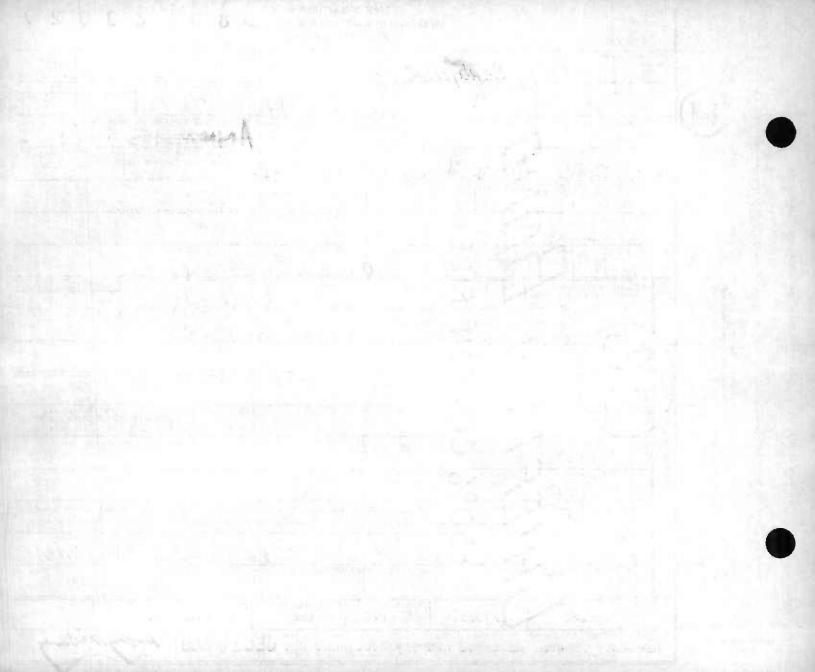
DHMH-16 30M 2/80 (VRA 15, 4)

		FOR STATE REGISTRAR			DEP/	ARTMEN'	T OF H	OF MARYLA EALTH AND N ICATE OF D	NENTAL HYG	iene 8	(i) REG. NO	3	0 (	) 2 E.	<b>3</b> .S.T.
		CEASED NAME OR PRINT)	FIRST		NIDDLE	DE		AST		2a. DATE OF			IAY YEAR	2b. HO	UR A.
	3. SE.		CHARD		mi)	707.00	CKE	I I F BIRTH		DECEM	Contraction in contraction in	The latest terminal to the latest terminal termi	IF UNDER I YEA	7:0	JO M
		MALE	T.	4. RACE WHI	TE	3.1	MONTH	DAY	1899	B AGE (INTE	80		ONTHS DAY		MIN.
5	2	RTHPLACE (STATE OR F COUNTRY) BALTO . , N		76. CITIZEN OF		N	ARRIED	NEVER M	ARRIED O	9 BALTIMO ANNE	_	DEL CO			MD.
4		LEN BURNIE		11. NAME OF H		TREET ADDRE	OME O		ITUTION	120 USUAL O (TYPE OF WORK Mnt.	CCUPATION FOR MOST OF	on (reworking life	12) KIND INDUSTR	OF BUSIN	race
E	USU, 130. S	AL RESIDENCE (IF MURS STATE Md •	13b. CO'UN		GIVE RESIDENCE P 13c. CITY OR Glen	TOWN	- 1	13d. INSIDE CI	TY LIMITS?	13e, STREET	ADDRESS		Hig		
21	14. FA	ATHER'S NAME FIRST		MIDDLE	Bec	kett			MAIDEN NAME OLLIE		WIDDLE			rger	
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL S			17. INFORMAT		ife) na R.	Becl			ne a	
	CERTIFICATION	Conditions, if any, gove rise to improve (a), stating underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERA	nediate ig the last. NIFICANT C	DUE TO, OR  (c)  ONDITIONS CO		EOUENCE	OF TH BUT	Middle NOT RELATED	TO THE TERM	200 AUTO	OR COND	20b. IF YES, IN CERTIFY	, WERE FINE	INGS USE	TH?
X.		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	111	A. MONTH	DAY	YEAR	21c. HOW INJ	IURY OCCURE	YES	NO 🗗	YES		NO	
3	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ULE	21e PLACE C	OF INJURY SET, FACTORY, OF	FICE, FARM, I	ETC.)	21f. LOCATIO STREET	N		CITY OR TOV	VN	COUNTY		STATE
		220.1 certify that (I) sow the decease above (II) we) (c 27b SIGNATURE	ed alive on	12-10-		om_13			, 19 80 (our) opinion ( TTENDING HYSICIAN	MEDICAL	STAF	te ond hour	ond from th	in that (1) is causes so is SIGNED	toted
1		22d. PHYSICIAN'S NA REMZI M		IR, M.D	•			325 HO	5	DRIVE	AND 2	TE 10:	2		
		BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR				Gler	n H	aven M	em.Pk	. G1	en Bi	ırnie	EGUNIV ARS	(a) a	STATE MD .

DEC 12 1980 Singleton Funeral Home Maryland

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTER	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the hospital or attending physician.
TO FUNERAL DIRECTOR	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnish are the should be detached for uses as the build-trainst permit. Then please endoor corporate. Pages 1 and 2 should be filled with a state and the should be filled with a state page.

	1	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 0 2 9  CERTIFICATE OF DEATH  REG. NO.
may be		ECEASED NAME PE OR PRINT!  EX  FIRST  FA  FA	V DERDISHIRE BECKWITH 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 12 11 1980 3 7 M  1 RACE S DATE OF BIRTH 6. AGE IN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
M# 000	)_	F	W MONTH DAY YEAR TO YEAR TO YEAR MONTHS DAYS HOURS MIN.
Geoth. P	3	BIRTHPLACE (STATE OR FOREIGN Canada	76. CITIZEN OF WHAT COUNTRY? 8.  WARRIED NEVER MARRIED 9. MATHMORE CITY OF COUNTY OF ATTMORE CITY
s offer of the full of the ful	3 10	ALA TOPOUS	11) NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  DOOK keeper
rthin 24 hour	7	MA A.I	A. Co. Shady Side  13d. INSIDE CITY LIMITS?  13d. STREET ADDRESS  1712 Bayview Rd.  15. MOTHER'S MAIDEN NAME
omple ond	4	John Derbyshire	
be execut on and co	160	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN)	578-10-4440 Everett Beckwith same as 13e.
quires that the death certificate b signed by the attending physicio Then please remove carbon papers. to bunal, cremation, ar removal.	NO	Conditions, if any, which gove rise ta immediate couse (a), stating the underlying couse last.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DBY:  TE CAUSE (o).  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101
The law re ician. The law re has been ist permit. Giene prior shows any i	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: ng phys certifico urial-trar ental Hy ltem 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19
NG PHY ottendii frer this as the bu th and M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTENDI ne haspital or DIRECTOR: A oched for use Dept: of Heal		220.1 certify that (1) (this haspings saw the deceased alive as	tal) attended the deceased from 12 10 19 10 that (I) (we) last 12 19 19 10 that (II) (we) last 12 19 19 19 19 19 19 19 19 19 19 19 19 19
TO HOSPITAL O reformed by the TO FUNERAL D should be defocuing with the Stote D IMPORTANT: If	23a	22d PHYSICIAN'S NAME (TY) EO	PHYSICIAN DIRECTOR PHYSICIAN 1011/80
BP		Burial	12/13/80 Fairfax Cemetery Fairfax Va. COUNTY STATE
DHMH- 16 30M 2/80 (VRA 15, 4)		funeral director Hardesty Funeral	Home 12 Ricigely Ave. Ann. Md. DEC 1 6 1900



/		It	ems 2la-22a G	550 12/				GIENE 8 0	-7	0070
7		1.	STATE REGISTRAR		DEPART		ALTH AND MENTAL HYC CATE OF DEATH	REG.	NO	0 0 0 0
	1 200		CEASED NAME FIRST OR PRINT)	ie .	MIDDLE	Rack	si + 6	20 DATE OF DEATH		STO 7/54
	音(多)	3. SE		1 RACE	1	5. DATE OF		& AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		1	temale		ite	12-	10-1891	88	YRS.	ONTHS DAYS HOURS MIN
•	35	C	SUNTRY CAND	16 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Anne.	Acuno	de / MC
	urs after by the fi	10 CI	PODE POLIS		CH FACILITY, GIVE STREET	ADDRESS)	lescent Cent	128. USUAL OCCUP. (TYPE OF WORK FOR MO	T OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
	in 24 ho	USU/ I3a S	AL RESIDENCE (IF NURSING HOME OF TATE 131) COU	OTHER INSTITUTION		ADMISSION)	131. INSIDE CITY LIMITS?	130. STREET ADDRES		wood Ave
	ted with	14. FA	THER'S NAME LOUIS	MIDDLE	1.1:4+0		IS MOTHER'S MAIDEN NA		<u> </u>	LAST
MORE,	be executed and containing ages 1 and the med		AS DECEASED EVER IN U.S. AF	MED FORCES? E WAR OR DATES!	166 SOCIAL SECU	17 NO 5248	Dorothy E		ORESS	Sec. 13
	certificate physiciar papers. P		IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause pe D BY: TE CAUSE (a)	r line for (a), (b), of					BETWEEN ONSE AND DEATH  H day s
	attending ve carbo		Conditions, if any, which	DUE TO, C	OR AS A CONSEQUE	MCE	gestive 1	tearT 1	active	yrs.
	d by the ase remo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF S	nTia			
	en signer Then ple or to buri	NO	PART 2 OTHER SIGNIFICANT	EQUITIONS C	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIVE	EN IN PART 1(a)
	The la	John Miles	190 DATE OF OPERATION	19 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
	ySicial hysican certific il-tramif ontal hy	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY .M. MONTH D	AY YEAR	Accidental	RED (ENTER NATURE OF II		ART 1 OR PART 2)
	tending p After this the burie on and Me	MEDIC	WHILE OCCURRED NOT WHILE AT WORK	216 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	unknown.	IOWN	COUNTY STATE
5	CTOR: Jor use as of Health in 21 limit	-	220.1 certify that (this hosp saw the deteased affice ar abovy. (II (ver) (did) did no			80 you	Ithat in (my) (our) apinion	death accurred on the	date and haur	and from the causes stated
•	the hosping of the ho		226. SUNATURE	Fuest	In Cen	D	EGREE ATTENDING PHYSICIAN [	MEDICAL S	TAFF SICIAN []	271. DATE SIGNED
	D HOSPI	-	W. PHYSICIAN'S NAME (TYPE O	_	timava	)	221 ADDRESS	rest Dr	Ani	rapulis un
	BP	9	BURIAL, CREMATION, REMOVAL	236. DATE	2-80 2361	edar	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	vn . · ·	COUNTY A. STATE
	DHMH-16 25M (VRA 15, 4) 1/79	24. FI	INERAL DIRECTOR	reanc		-oik.	tchie How NON	1 13 1980 REGISTR	AR 25 REQUSTI	RARIOSIGNATURE

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Rd., Suitland, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

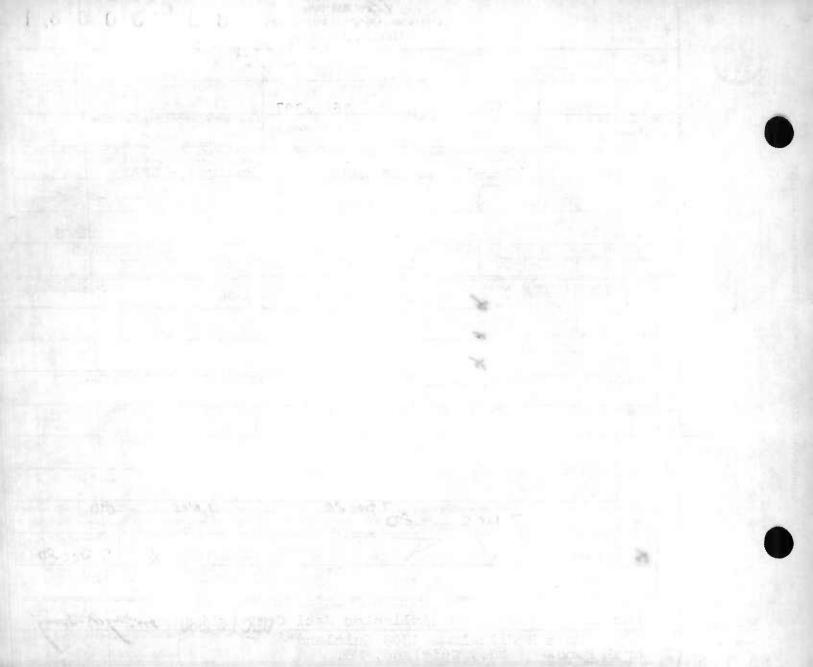
CERTIFICATE OF DEATH

FOR

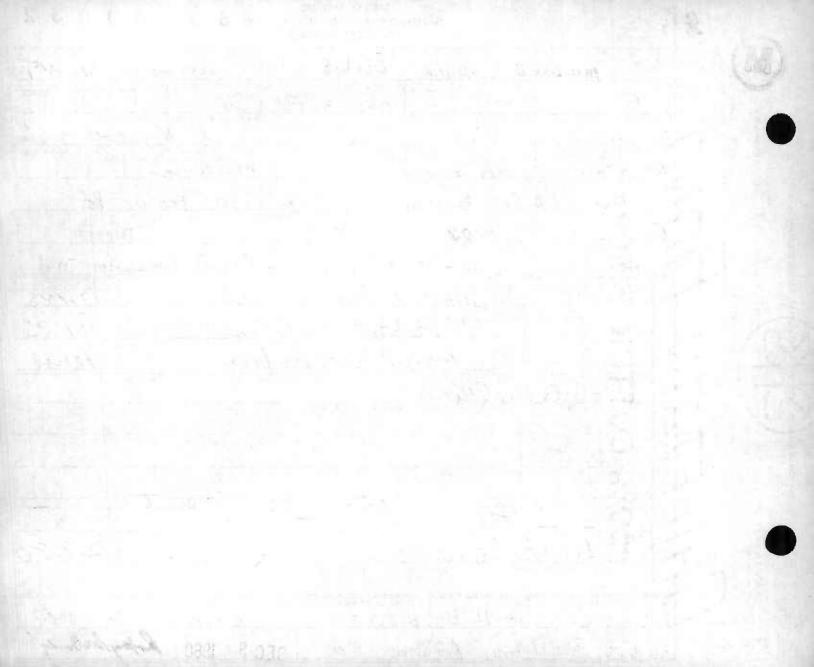
- STATE

(VRA 15, 4) 1/79

Funeral Home



STATE OF MARYLAND



FOR

REGISTRAR

Beal Funeral Home.

DHMH-16 25M (VRA 15, 4) 1/79 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

DAYS

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

\_, that (I) (we) last

STATE

22c. DATE SIGNED

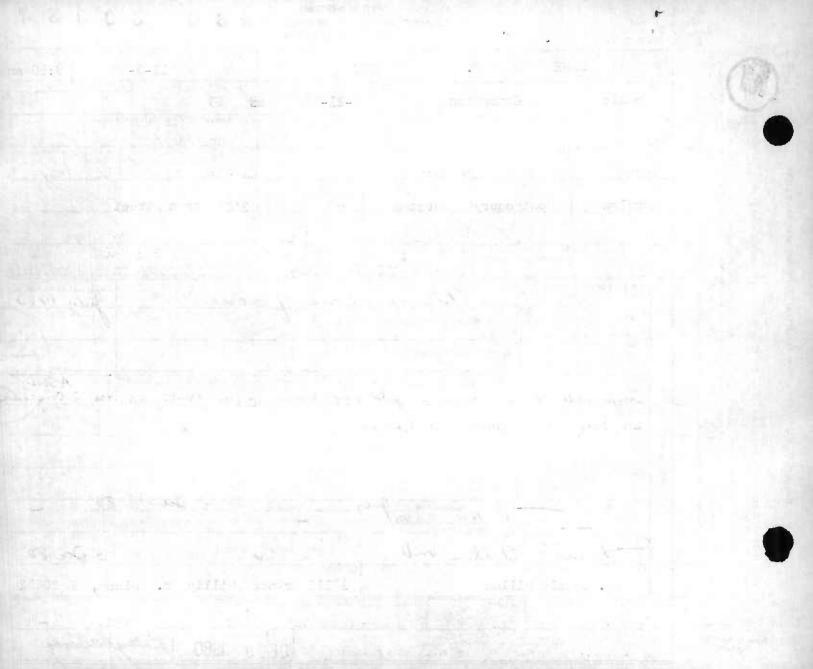
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2b. HOUR

HOURS

IF UNDER 24 HRS

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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7	FOR STATE REGISTRAR
	1. DECEASED NAME

## FOR STATE REGISTRAR

TYPE OR PRINTS

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH

REG. NO

25 HOUR

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V	á	E)	Į Ņ	J
-8	h	S.	-	•

tearl 4. RACE

5 DATE OF BIRTH

MONTH 6. AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR IF UNDER 24 HRS

temale ≱d. BIRTHPLACE

Dlack 75 CITIZEN OF WHAT COUNTRY?

MARRIED XXIEVER MARRIED

106

9. BALTIMORE CITY OR COUNTY OF DEATH

MARYLAND ID CITY OR TOWN OF DEATH

U.S.A.

WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ANNE STRUNDET STEENERAL HOSPITAL

ANNE ARUNDEL COUNTY 12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

12h, KIND OF BUSINESS OR

ANNAPOLIS

MARYLAND

JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HARWOOD

YES [] NO [ 15. MOTHER'S MAIDEN NAME

13e. STREET ADDRESS

14. FATHER'S NAME

MIDDLE

1136 COUNTY

A.A.

RANDALL

ELIZABETH

MIDDLE

DAVIS

JOHN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO. 213-12-9843

17. INFORMANT

13d. INSIDE CITY LIMITS?

ADDRESS

(YES, MOODUNKHOWH)

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

MARY E. BLAKE HARWOOD, Md.

20a AUTOPSY?

APPROXIMATE INTERVAL sda

Conditions, if ony, which gave rise to immediate cause (o), stating underlying cause

CERTIFICATION

MEDICAL

à

8

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-

be deto MPORTANT

the the 0

IMMEDIATE CAUSE

DUE TO OR AS A CONSPOUENCE OF

HOUR A.M. MONTH DAY YEAR

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)

190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

220. V certify that (1) (this hospital) attended the deceased from

lost.

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

STREET

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

21f LOCATION

CITY OF TOWN

and that in (my) (aur) apinion death occurred an the date and have and from the causes stated

Owen's ville

NOL

COUNTY

STATE

saw the deceased alive on. abave (I) (wy) (did ) (did nat) view the bady after death. 276 SIGNATURE

NO WHILE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

23d. LOCATION

22c. DATE SIGNED.

A. AUNTY Maryland

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

REESE & SONS MORTUARY P.A.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 12-30-1980 BURTAL

CHEWS CHURCH CEMETERY Annapolis, Md.

ALEXANDER ALLA 

ine fyrn I.a. neffernia a samuel s A parlicina a samuel samuel

	4.	FOR STATE REGISTRAR			TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. 1			
		CEASED NAME FIRE OR PRINT)		WIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
				WILLIAM	BLON		DECEMB	4-1-1	,1980	100
	3. SE.		4. RACE		5 DATE		6. AGE (IN YEARS LAST B	BIRTHDAY)	MONTHS DAYS	
1		Male		white	Apr	11 5, 1917	63	YRS.		
7)1	- 0	IRTHPLACE (STATE OR FOREIG		N OF WHAT COUNTRY	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY	_		
1		. Dakota		J.S A.	WIDOW		Anne Ar			
An			(IF NOT	IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING L	IFE) INDUSTRY	
20		len Burnie		Shelley I		= Home	Photogra	pher	Socia	al Secu
35	134.5	Md.	COUNTY A . A .	Glen Bu	WN	YES NO O	119 She		Road	
21	14. FA	William	mipout	Blom		15. MOTHER'S MAIDEN NAM	WE	San	npson	10.0
1		WAS DECEASED EVER IN U	S ARMED FORCE	2050	3798	Mrs. Ruth Bl	om same a	RESS		
		1629	AUSED BY LEDIATE CAUSE ( DUE 1	1/	tec of	Carline Com			2 4/	mo
		Conditions, if any, white power rise to immedia couse in stating the inderlying cause in	AUSED BY LEDIATE CAUSE Lich he he rst.	O OR AS A CONSEQUED, OR AS A CONSEQUED,	UENCE OF	Leave Com	INAL DISEASE OR CO	NDITION GR	4/	mo
0	FICATION	Conditions, if any, white power rise to immedia couse in stating the inderlying cause in	AUSED BY LEDIATE CAUSE  DUE 1  and DUE 1  and DUE 1  ANT CONDITION	O OR AS A CONSEQUED, OR AS A CONSEQUED,	UENCE OF	Lung Com	28s. AUTOPSY7	20b. IF YE IN CERTI	2  #/  VEN IN PART 1  S. WERE FIND CAUSE	AGS USED S OF DEATH?
9-9	CAL CERTIFICATION	Conditions, if any, white course to string to immediate course to storing to inderlying course in PART 2 OTHER SIGNIFIC.	AUSED BY MEDIATE CAUSE  DUE 1  Midth	ID, OR AS A CONSEQUENT OF THE PROPERTY OF T	UENCE OF DEATH BUT	Leave Com TNOT RELATED TO THE TERM ON WAS PERFORMED  The HOW INJURY OCCURR	28¢ AUTOPSY7	20b. IF YE IN CERTI	VEN IN PART 3	2/79
9-9-	MEDICAL CERTIFICATION	PART I DEATH WAS COMMITTED IN THE PART 2 OTHER SIGNIFIC  THE DATE OF OPERATION  THE ACCOUNT WAS UNDERLYING ON CONTRIBUTING CAUSE  CAUSE  THE ACCOUNT WAS UNDERLYING ON CONTRIBUTING CAUSE  CAUSE  THE ACCOUNT WAS UNDERLYING ON CONTRIBUTING CAUSE  CAUSE  THE ACCOUNT WAS UNDERLYING ON CONTRIBUTING CAUSE  THE ACCOUNT WAS UNDERLYING CAUSE  CAUSE  THE ACCOUN	AUSED BY WEDIATE CAUSE  DUE 1  ANT CONDITION  ANT CONDITION  198. C  NO	INTO OR AS A CONSEQUENT OF THE PROPERTY OF THE	UENCE OF DEATH BUT THE OPERATION DAY YEAR 19	Leave Com TNOT RELATED TO THE TERM ON WAS PERFORMED  The HOW INJURY OCCURR	28¢ AUTOPSY7	20b. IF YE IN CERTI YI	VEN IN PART 3	AGS USED S OF DEATH?
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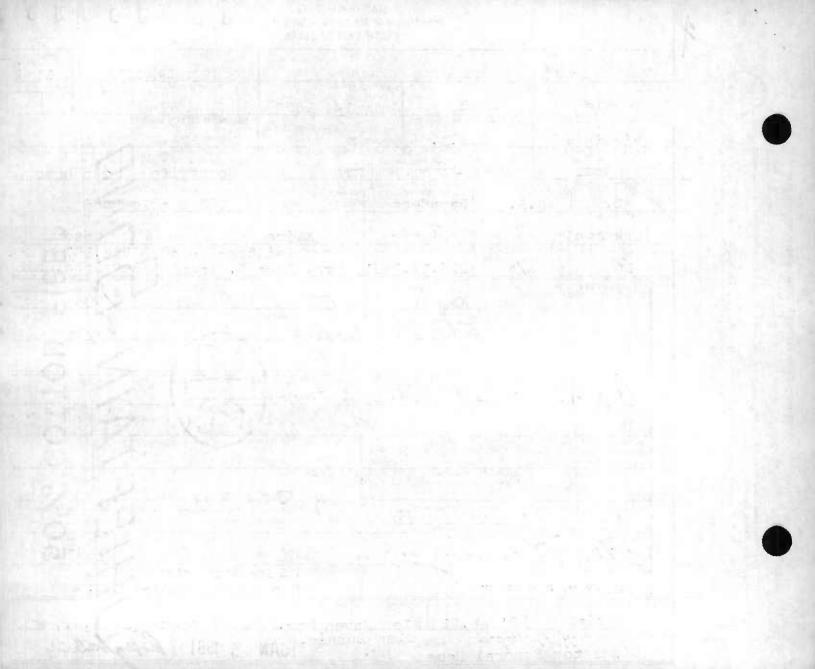
DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR GeorgeJ. Gonce, 4001 Ritchie Hg., Baltimore

250 DATE RECD. BY REGISTRAR 256. REASTRAR'S SIGNATURE DE C 2 9 1980

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1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH				TICM
1 DE	CEASED NAME FIRST	MIDDI	6		AST	2a. DATE OF DE	REG. NO.	DAY YEAR	EST 12b HOUR
	OR PRINT)	MIDDI			~3,	28. DATE OF DE	AIN MONTH	DAT TEAK	ZB HOUR
	EVELY	V FIS	SHER	B	LUM	DECEME	BER 29, 1	1980	9:18
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
	Female	Whit	.e	TITIT	14. 1898		82 YRS		HOURS
7g. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	8		9. BALTIMORE	CITY OR COUN		
	COUNTRY)				NEVER MARRIED				
10.0	Virginia	U.S		WIDOWE			ARUNDEL		^
10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC			PROTHER INSTITUTION	120. USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKING		OF BUSINESS C
GI	LEN BURNIE	NORTH A	ARUNDEL	HOSP	ITAL	Hous	sewife	own	home
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130.			asader		13d INSIDE CITY LIMITS?	13e STREET AD	Circle	o Pond	
14 F4	ATHER'S NAME	1 · A ·   I	asauei	ıa	15. MOTHER'S MAIDEN N		CIICI	e Road	
13.17	FIRST	WIDDLE	LAST		FIRST	A	AIDDLE	LA LA	ST
	(Unknown)		Fishe		Alice		THE DE		sey
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECU	RITY NO.	17. INFORMANT (si	ster-In	1年25分)3	875W.1	57th S
(	NO NO		26.12.	7461	Mrs. Ann			levela	
_			_		11120 - 11111	<u></u>			LAVABLE STERVAL DEATH AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	19 (0), (0)	d (c), 1	-			groups:	ONIST AND DEATH
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	12010	ATE CHOOL (O)	( #	10	9			1	
-7	786	DUE TO ORECO	A COMSEQUE	JE T	4			Mai	1
	Conditions, if ony, which	(b) 4	16 KNOV	Lan	monily			way.	/
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	underlying couse lost.	1	1100	lies at				C. No.	
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z	/// CAPA	3 11/4			10 Ap. A.	A DISEASE C	K CONDITION C	DIAFIA HAL WILL	
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TIF						YES N		YES 🗌	NO 🗌
ER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCU	RRED (ENTERNATUR	SOF INJURY IN ITEM 1	8 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF	EATH HOUR A.M.	MONTH DA						
EDICAL	( IF EITHER NOTIFY MEDICAL EXAMIN			19					
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	say the deceased alive	phony offended the de	19 2	71	nd that in (my) (our) opinio				
	object, (i) (we) (did) (did	(ot) view the body after	v death.	, 01	a that in (my) (our) opinio	n deom occurred o	n the dote ond h	iour ond from the	e couses stoted
100	17h SHENENTHE	201	A		DEGREE			22c. DAT	ESIGNED
. 6	17/201	1/ Low W	M L	27)	ATTENDING	MEDICAL DIRECTOR	STAFF	1/2-	29-In
	ME PHYSICIAN'S NAME THE	7.7.	-	-/				11000	, 00
	THE RESIDENCE OF THE PARTY OF T		0		126 ADDRESS 325 1	Hospital	Drive,	#208	
	HILARY T. O	HERLIHY, N	M.D.		Glen	Burnie,	Maryland	d 21061	
23o. l	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	NC		
	(SPECIEY)					CITY OR		COUNTY	STATE
24.5	Buria1	2'JAN.				DM GTE	n Burn	ic. A.	A. MD
24 F	UNERAL DIRECTOR 9	Hopkins	ADDRESS	len	purinte, 1 14	ATE REC'D. BY REG		ISTRAR'S SIBNA	TURE
	Singleton	Funeral F	Tome	MD.	JA	N 5 198	1 /200	man man	Mooning



REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MIDDLE 2h HOUR LTYPE OF PRINTS DECEMBER 5, ARTHUR **JACOB** BODENSTEIN 1980 9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel 126 KIND OF BUSINESS OR State of Tectrician 1009 Dunbarton Road Heldt as above MAE BUSEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Glen Burnie, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REOTSTRAR'S, SIGNARURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

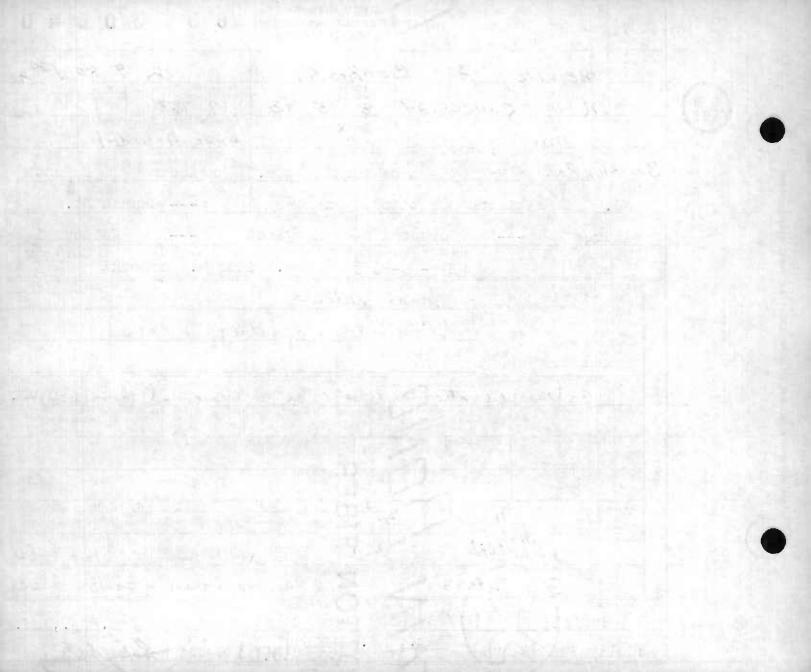
Raymond C. Fink

FOR 1 - STATE

REGISTRAR

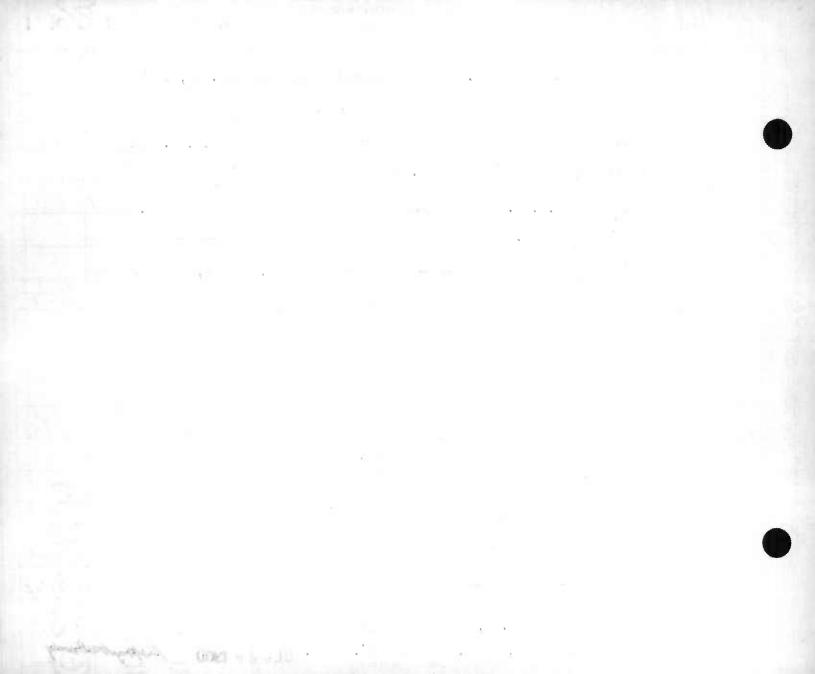
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,6	1.	FOR - STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & U S	0 0 4 0
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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шох	1 SE	Х	4 RACE	5 DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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a a live		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OF COUNT	TY OF DEATH
de d		md.	USA	WIDOWED DIVORCED	Anne Arun	del MD.
The way	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176 KIND OF BUSINESS OR
101 Per 1	B	rooklyn PK.		ane Nursing Ctr.	Engineer	DuPont
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AND 224		Md. Bal		imore YESK NO	Chu	rch St.
RYL, within within al 2 st	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	LAST.
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ORE,	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE WAR OR DATES)		ADDRESS	Same as
TIMO Do O S. Po O S. Po		no	213-0	9-930 Mrs. H	Hilda M. Borko	
BAL cate cate aper ovol.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D RY	and ic 0- 10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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deo deo otte nove prironn roun		Conditions, if any, which gave rise to immediate	( b) CCU	ylordeses of Ri	due and like	
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on or at		underlying couse lost	(c)			
RDS, 2 equires in signe Then p r to bur injury, e	NO	PART 2. OTHER SIGNIFICANT	onditions contributing to	o DEATH BUT NOT RELATED TO THE TER.	Or Pin	beto helletas
RECORDS  low requirement There is a prior to be sony injure.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?
I oh oh oh	I E				YES NO	res 🔲 NO 🔲
× × × × × × × × × × × × × × × × × × ×		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	1 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
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PHY endir	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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N S S S S S S S S S S S S S S S S S S S		22a.   certify that (1) (this haspe	tal) attended the deceased from	0.0		, 19_20, that (I) (we) lost
R ATTE hospite RECTO ed for pt. of em 21			t) view, the body after death.		n death occurred on the date and ha	
0 0 0 0 E		22b. SIGNATURE	Mom	DEGREE ATTENDING	. MEDICAL STAFF	221. DATE SIGNED
SPITAL J by th NERAL be deto e Stote		110	www	/VI-D- PHYSICIAN	DIRECTOR PHYSICIAN	1/2-7-00
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12 /	23a. 6	BURIAL, CREMATION, REMOVAL SPECIFY)		C. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	21.5	Burial	12/11/80	Holy Cross Ceme		wy AA Md.
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR	Babits	, Ma. 21226	TE REC'D. BY REGISTRAR 25b. REGIS	STRAK'S SIGNATURE
(VK A 15 (4))	M	ccully Funera	al Home 4200	Pennington Ava.	C12 1980 A	My Mc Creedy



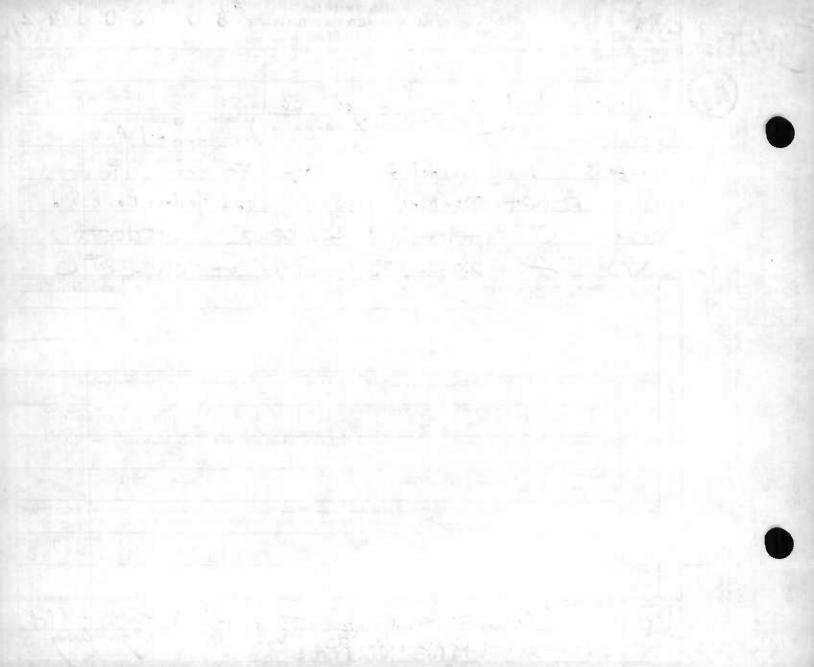
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	go .	me
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunes of the should be as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hour extensions.

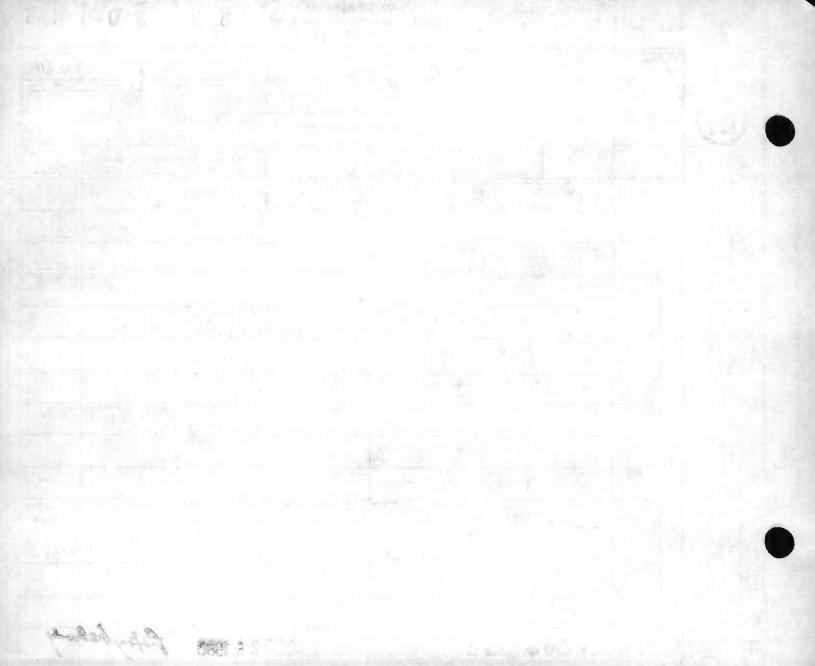
		FOR - STATE REGISTRAR		ENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		8 0 REG. N		0 0	4 2
25	1. DE	CEASED NAME FIRST BOT EL	EN, ROBE		- 0 21	20 DATE	OF DEATH	L Z	YEAR YO	26. HOUR 45
(M)	3 56	/	White	S DATE O	F BIRTH  DAY  VEAR  02  26	, _	YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN
BS	70 B	RTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED		1	inde/	FDEATH	MD.
53	10.C	nnapolis	1. NAME OF HOSPITAL, NURSING HENOT IN SUCH FACILITY, GIVE STREET, A Anne Avande	HOME O	1 11		OCCUPAT ORK FOR MOST O	OF WORKING LIFE!	12h KIND OF INDUSTRY	BUSINESSOR
amine T	130	1D COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE A	LOMISSION	13d. INSIDE CITY LIMITS		LADDRESS 6 Yel	low B	ank T	Rd.
1 0 1 2 S	R	ATHER'S NAME	DOTE BOTO LAST	5	15. MOTHER'S MAIDEN	velle	MIDDLE	Pad	getil	
pers. Pages 1 are oval.		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN! (IF YES, GIVE V	PAR OR DATES   166 SOCIAL SECUR	ITY NO.	17 INFORMANT Helen Bo	Heler	ADDRI	155 MQ_ 1	00H)	B
Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  ONDITIONS CONTRIBUTING TO DI	NCE OF	NOT RELATED TO THE T	TERMINAL DISEA	ASE OR CON	DITION GIVEN	IN PART I(a)	
shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION	WAS PERFORMED	20e AU YES	TOPSY?		VERE FINDING NG CAUSES O	
sed or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY	Y YEAR	21c HOW INJURY OC	CURRED (ENTER	NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
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rt. of Healt tem 21 is		220.1 certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not	19		d that in (my) (aur) apid	nian death accu	red on the d	ate and haur a	ind from the co	
be detached he State Dept RTANT: If It		THE BRYSICIAN'S NAME (THE ON	tim h -		ATTENDIN PHYSICIA 220 ADDRESS	MEDICAN DIRECTO	STA	FF CIAN []	221. DATE S	22/80
TO FUNERA should be det with the Stat IMPORTAN		1				Invited				
	1	BURÍAL, CREMATION, REMOVAL	236. DATE 236. NO.	ME OF CE	METERY OR CREMATO	Ten D	CATION	KAÑ	Orent	MH
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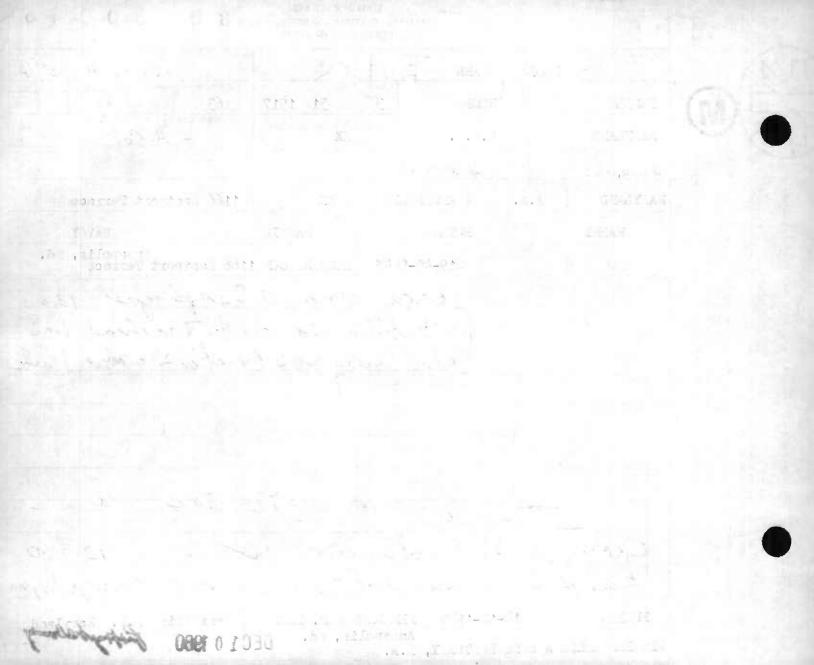
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	FOR STATE REGIST		10-22 F	1.TM		DEPART	MENT O	HEALTH	H AND A	ND MENTAL H ICATE C		- Table		3 0	0	d	4
(1	PECEASEI TYPE OR PRIN	NAME 1/12	FIRST K	- m		MIDDLE		Buı	rley			20. DATE OF DEATH	KNOWN ESTI- MATED	MONT	29	YEAR 1980	2b. HOUF
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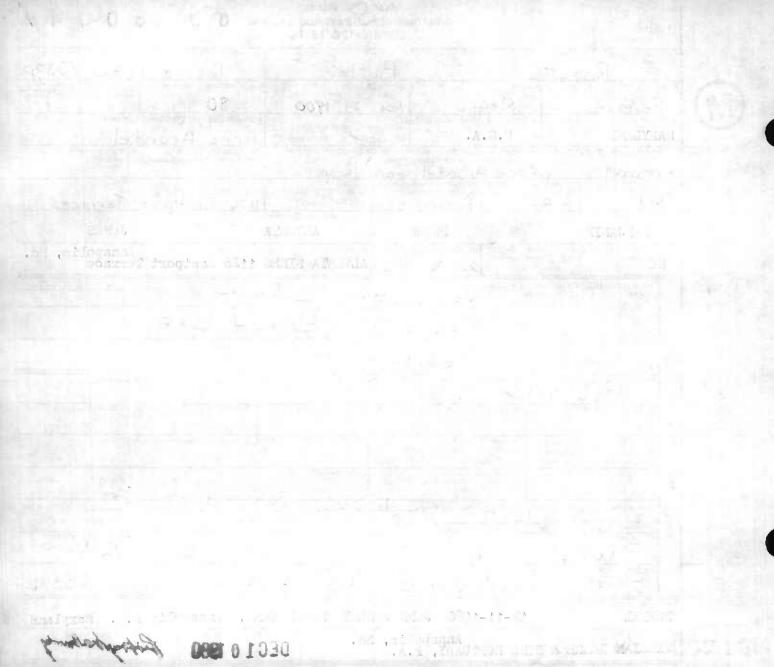
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¥	1.	STATE REGISTRAR			TIFICATE OF DEATH	- 1-42 - 11		
	I DE	CEASED NAME FIRST	MIDDLE		LAST	REG. NO	MONTH DAY YEA	R Zh. HOUR
	(TYPE	Mark	/Henry	2013	Burnham	14/7	12/80	10 /11
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AL.	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY?		9 BALTIMORE CITY O		н
1	C	Washington D.C	USA		RIED NEVER MARRIED DIVORCED	Anne Ar	rundel Co.	
2	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOM	E OR OTHER INSTITUTION	12ª USUAL OCCUPATI	ON 126. KIN	D OF BUSINESS C
253		Annapolis	Anne Arund		rálHosp.	(TYPE OF WORK FOR MOST O	Interior	US Gov.
-	USU	AL RESIDENCE (IF NURSING HOME COTATE	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSI	ON)			
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	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	ME		
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E 1	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO		ADDRE	SS	
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		Conditions, if any, which	DUE TO, OR AS A COI	YYULT	IPLE MY	ELUMA		
other		gave rise to immediate cause (a), stating the	(6)				100	
njury, or		underlying cause lost	DUE TO, OR AS A COI	NSEQUENCEO				
injury,	1.5	PART 2 OTHER SIGNIFICANT		NG TO DEATH E	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(o)
	Z							
ny i	ō			WHICH OPEDA			Too IF HEE LIFERER	
ws any	CATIO	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OFERM	TION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAL	NDINGS USED
shows any	TIFICATIO	190 DATE OF OPERATION	1% CONDITION FOR	WHICH OFERA	TION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CALL	NDINGS USED ISES OF DEATH?
ws any	CERTIFICATION	710. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	IN CERTIFYING CALL	ISES OF DEATH?
shows any			216 TIME OF INJURY HOUR A.M. MON	TH DAY YE	21c HOW INJURY OCCURR	YES NO	IN CERTIFYING CALL	ISES OF DEATH?
or Item 18 shows any		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MON P.M. 21b PLACE OF INJURY	TH DAY YE	21t HOW INJURY OCCURR 9 21t LOCATION	YES NO	YES TEM 18, PART 1 OR PAR	NO [
or Item 18 shows any	MEDICAL CERTIFICATIO	?)B. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES	216 TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YE	21t HOW INJURY OCCURR 9 21t LOCATION	YES NO	YES TEM 18, PART 1 OR PAR	ISES OF DEATH? NO []
ws any		716. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE UF EITHER, NOTIFY MEDICAL EXAMINES 216. INJURY OCCURRED  WHILE [ NOT WHILE [	21b TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY	TH DAY YEA	21t HOW INJURY OCCURR 9 21t LOCATION	YES NO	IN CERTIFYING CAL YES  YES  YOU ITEM 18, PART 1 OR PAR YOU COUNTY	ISES OF DEATH? NO [] 12) STATE
n 21 is marked or Item 18 shows any		7)0. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, wital) otterided the deceased	TH DAY YEA  1 OFFICE, FARM, ETC.	21t HOW INJURY OCCURR 9 21t LOCATION STREET	YES NO CITY OR TOW	IN CERTIFYING CALL YES  YEN ITEM 18, PART 1 OR PAR YEN COUNTY	ISES OF DEATH? NO
21 is marked or Item 18 shows any		7)0. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING	21b TIME OF INJURY HOUR A.M. MON P.M. 21b PLACE OF INJURY (AT HOME, STREET, FACTORY	TH DAY YEA  1 OFFICE, FARM, ETC.	216 HOW INJURY OCCURR  216 LOCATION STREET  12/22 19 50  and that in (my) (cor) apinion of DEGREE	YES NO CITY OR TOWN  TO VOCATION OF THE DESCRIPTION OF TOWN  TO VOCATION OF THE DESCRIPTION OF THE DESCRIPTI	IN CERTIFYING CALL YES  YEN ITEM 18, PART 1 OR PAR YEN COUNTY TO 19  21c and hour and from	SES OF DEATH? NO  12)  STATE  that (I) (We) I the couses stated ATE SIGNED
If Item 21 is marked or Item 18 shows any		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22e.1 certify that (1) (this hosp sow the deceosed alive on obove, (1) (wed) (did on obove) (did on ob	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, wital) otterided the deceased	TH DAY YEA  1 OFFICE, FARM, ETC.	216 HOW INJURY OCCURR  218 LOCATION STREET  ATTENDING	YES NO CITY OR TOW	IN CERTIFYING CALL YES  VIN ITEM 18, PART I OR PAR VIN COUNTY  220. D	SES OF DEATH? NO []  STATE  that (I) (We) I  the couses stated  ATE SIGNED
NT: If Item 21 is marked or Item 18 shows any		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OR EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK IN 10 (1) (this hosp sow the deceosed alive at above, (1) (we) (and ) 22b. SIGNATURE	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, oil view the body after death	TH DAY YEA  1 OFFICE, FARM, ETC.	216 HOW INJURY OCCURR  218 LOCATION STREET  ATTENDING	YES NO CITY OR TOW  CITY OR TOW  To Tow  MEDICAL STAR	IN CERTIFYING CALL YES  VIN ITEM 18, PART I OR PAR VIN COUNTY  220. D	STATE  that (1) (We) I  the couses stated  ATE SIGNED
NT: If Item 21 is marked or Item 18 shows any		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  AT WORK IN THE CAN AT WORK  Sow the deceosed alive at above, (I) (we) (and in 12b). SIGNATURE	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, oil view the body after death	TH DAY YEA  1 OFFICE, FARM, ETC.	21t HOW INJURY OCCURR  21t LOCATION STREET  21t LOC	YES NO CITY OR TOW  CITY OR TOW  To Tow  MEDICAL STAR	IN CERTIFYING CALL YES  VIN ITEM 18, PART I OR PAR VIN COUNTY  220. D	SES OF DEATH? NO 12)  STATE  that (1) (we) le the couses stated
NT: If Item 21 is marked or Item 18 shows any	WEDICAL WEDICAL	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK AT WORK Sow the deceosed alive as above, (1) (we) (and in 1) 220. SIGNATURE 22d. PHYSICIAN'S NAME TUBE  SURIAL, CREMATION, REMOVA	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY  ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY  ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY  ON THE PLACE OF INJURY (AT HOME A.M. MON DR PRINT)  WAT KING	TH DAY YEA	21t HOW INJURY OCCURR  21t LOCATION STREET  21t LOC	YES NO CITY OR TOW  CITY OR TOW  death occurred on the do  MEDICAL STAF  PHRECTOR PHYSIC	IN CERTIFYING CALL YES  VIN ITEM 18, PART I OR PAR VIN COUNTY  TO 19  The and hour and from  220. D	SES OF DEATH? NO 12)  STATE , that (1) (we) le the couses stated ATE SIGNED
If Item 21 is marked or Item 18 shows any	WEDICAL WEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e. 1 certify that (1) (this hosp sow the deceased alive at above, (1) (we) (and ) (did not above, (1) (did n	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY  ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY  ON THE PLACE OF INJURY (AT HOME, STREET, FACTORY  ON THE PLACE OF INJURY (AT HOME A.M. MON DR PRINT)  WAT KING	TH DAY YEA	216 HOW INJURY OCCURR  218 LOCATION STREET  12/22 19 50  and that in (my) (corr) apinion of DEGREE  ATTENDING PHYSICIAN []  22e ADDRESS	YES NO CITY OR TOWN	IN CERTIFYING CALL YES  VIN ITEM 18, PART I OR PAR VIN COUNTY  220. D	SES OF DEATH? NO []  STATE  that (I) (We) I  the couses stated  ATE SIGNED

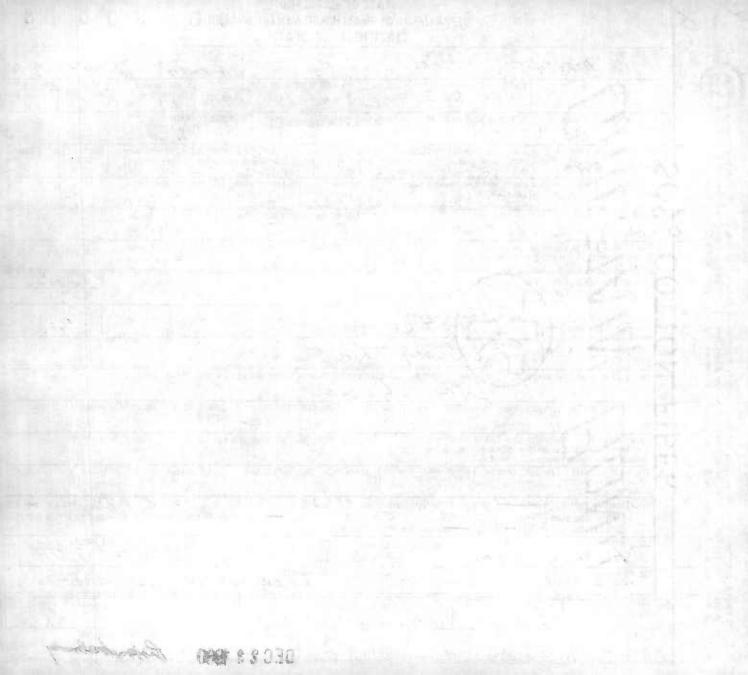


7	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE U REG. NO.	3 0 0	ng O
oge 3		CEASED NAME FIRST (	IE ANN	But	Ter	20. DATE OF DEATH MONTH	DAY YEAR 2	5 SAA
de 4 mo	3. SE	x 'EMALE	4 RAUE NEGRO	5 DATE	OF BIRTH 31 1917	6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
deoth. Po	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRII WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COL		MI
by the filed with	10 C	NAPOL 3	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, A. A.	L, NURSING HOME GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126 KIND OF INDUSTRY	
d in be	USU 13a <b>M.A</b>	AL RESIDENCE HE NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESID		134 INSIDE CITY LIMITS?	13e STREEL ADDRESS 1166 Eastpon	t Terrace	
completely 1 and 2 sh	14. F.	ATHER'S NAME HARRY	MIDDLE BUTL	ER	15. MOTHER'S MAIDEN NA MAGGIE	AME	SAVOŶ	
BALLIMORE, MAKTLAND cote be executed within 24 sysician and completely fille apers. Pages 1 and 2 should val. it, the medical examinermus		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (IF YES, GI	DVE MAR OR DATECT	-40-9645	ROSA HENSON	1166 Eastport	nnapolis, Terrace	Md.
KDS, 201 W. PRESTON ST equires that the death certi n signed by the attending p Then please remove carbon to burial, cremation, or ren injury, or other troumatic ev	NO	Canditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	u w	ey obst	lecto Trac luction 29 MINAL DISEASE OR CONDITION	head before 1	mo
ING PHYSICIAN: The low require of the office	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I YES NO	IF YES, WERE FINDING ERTIFYING CAUSES OF YES [	S USED F DEATH? NO
PHYSICIAN: T ending physici this certificate te buriol-fronsi ad Mentol Hygi d or Item 18 sh	4	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDICAL EXAMINER	EATH HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE)	M 18, PART 1 OR PART 2)	
UG PHYS offendin ter this c is the bui	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTEND The hospital or DIRECTOR. A ooched for use Dept. of Heal		22a.1 certify that (I) (this hospital sow the deceased alive a above, (I) (was idid) (did in II) - ICMATURE		19	nd that in (my) ( apinian  DEGREE  ATTENDING	n death accurred an the date and	d hour and fram the car	
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stole IMPORTANT:		GARY A, F	Richards	son 10	FOR bes	Street	Annago	15,00
BP	230	BURTAL BURTAL	12-12-1980		EMETERY OR CREMATORY N MEM . PARK	23d LOCATION CITY OR TOWN Annapolis	A.A. Mary	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F WI	UNERAL DIRECTOR LUTAM REESE &	SONS MORTUAR	Annapo Y, P.A.	lis, Md. 250 DA	ECT O SOOR 256. RE	The state of the s	ready

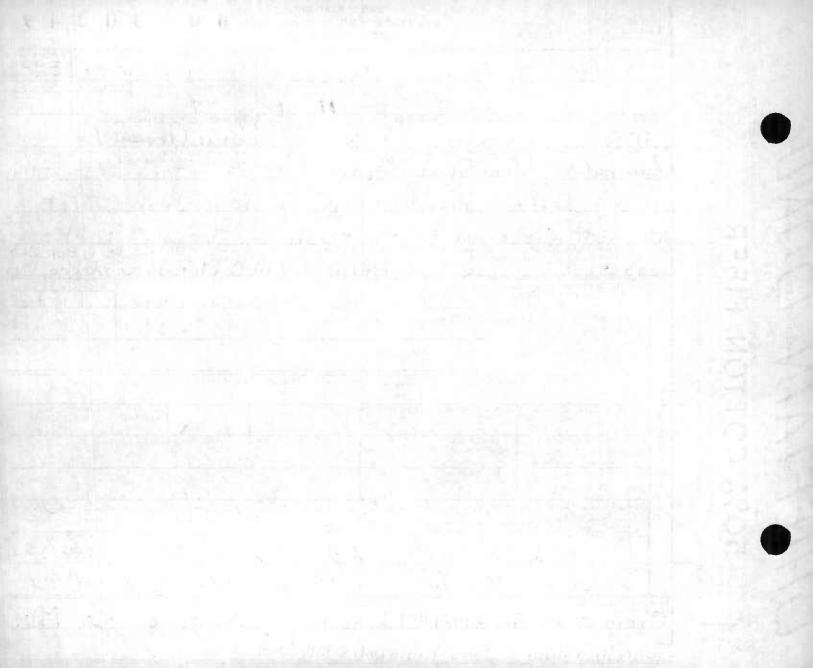


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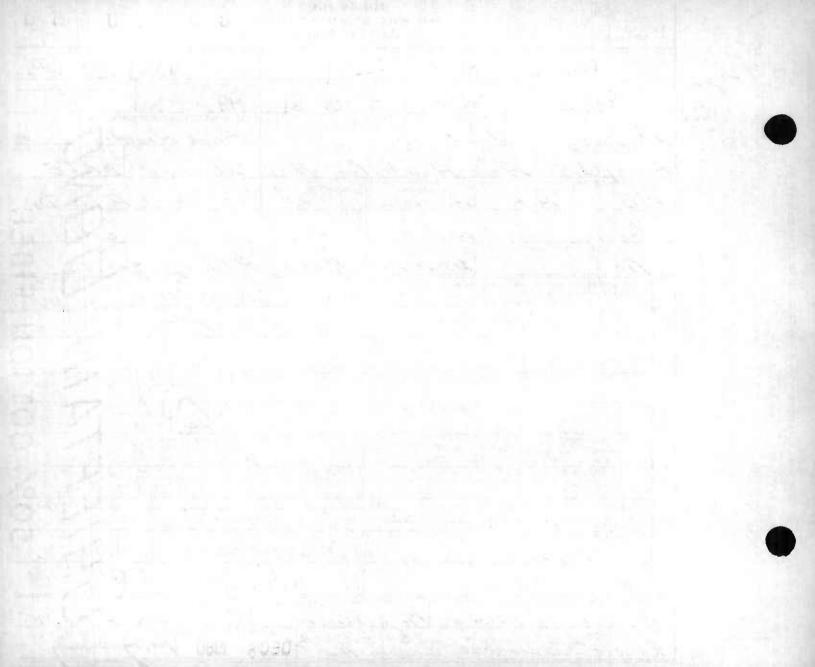




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MONTH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYRE OF WORK FOR MOST OF WORKING LIFE) rarsons APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Weas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN BP. 250. DATE REC'D. BY, REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4)



	1	FOR • STATE	DEPAR	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY	GIENE 8 ()	30050
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be 3 deoth deoth	,	Delores	m	Casey	13	1 80 1130
moy de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M) 6e		Female	White	MONTH DAY YEAR 3	49 YF	
G 50	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
deo deo	10.6	ITY OPTOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED		under MD
after a	10.0	Pagagolia	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
hours be f	USU	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN				D. CF. T. Z.
filled nauld I	130.	70. A.		NN 13d. INSIDE CITY LIMITS?	979 High	Gaint Dr.
y within a within a within a pletely and 2 sh	14. F/	THER'S NAME	MIDDLE LAST.	15. MOTHER'S MAIDEN N.	AME MIDDLE	LAST
E O COLU		George	Hode	K Helen	· · · · · · · · · · · · · · · · · · ·	chevla
e execut		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
Poor		110	2/3-28	2800 Richard	P. Caser	Sec. 13
ate l rsicio pers al.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a	nd(c))	0 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys phop emave event,		PART I. DEATH WAS CAUSE	D BY: E CAUSE (o)	Metastalic	Breast Can	ed 2 years
h cert ading   arbor ar rer		1749	DUE TO, OR AS A CONSEQU	IENCE OF		0
ter vm vm		Conditions, if ony, which	( (b)	DENCE OF		
the the		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF		R-11 - 12.22
that d by ease ease iol, cri		underlying couse lost.	(c)			
equires the signed Then plea to burio njury, or	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
been been mut. I prior in ony in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED
www.	FE				YES NOTE	RTIFYING CAUSES OF DEATH?  YES □ NO □
tronsit Thygie Tronsit Tronsit Tronsit	GE	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	
rySiCian: T ding physici s certificate burial-transi Mental Hygi		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
HYSI Iding buri Mer	WEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	5/01/02/10/10	COUNTY STATE
ING PI	¥	WHILE NOT WHILE T	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	CONT
DIN ar Aft se or mor			tal) attended the deceased from	11/28 19 0	9 12 1	, 19, tho((1) we) lost
TTEN bital TOR for u	-3	saw the deceased alive on obove (1) (we) (did) (did no	1130 19	, and that in (my) (our) opinion	deoth occurred on the date and	
hospined herm		226. SIGNATURE	yiew the body after death.	DEGREE		22c. DATE/SIGNED
AL DAL Date Date Date DT: If		Ense	1 W Coles	4 MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/1/80
HOSPITAL ined by th FUNERAL wild be defo th the Stote ORTANT: It		226. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	LED DA	1-11/40 m-1
TO HOSPITAL retoined by to FUNERAL should be de with the Stote IMPORTANT:		EWG	ULE	1121 CATA	WKAL > 1	TIVINI INIQ.
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24 F	Deroi a /	12 4.80	Reyland Vet. Cem.	ATE REC'D. BY REGISTRAR 156 NEC	GISTRAPS SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	-	Pobert S. Bo	ADDRESS	SOIK TCHICKET	C8 1980	try Mabrel
		006112.00	realico Se	verne Berk	0 0 1000	/



1	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	30051
: 66		CEASED NAME FIRST OR PRINT) CLA	NAUFAL	CLEGDE	26. DATE OF DEATH MONTH	31 80 2140P M
ge 4 moy	3. SE		4 RACE	5 DATE OF BIRTH Feb. 26, 1906	6. AGE (IN YEARS LAST BIRTHDAY) 74	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoth. Po	1.	RTHPLACE (STATE OR FOREIGN	Lebanon	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. BALTIMORE CITY OR COUN ANNARUNDAL, CO	
by the filled with	F	t, MEADE, MD	LIE NOT IN SUCH FACILITY, GIVE STRE KIMBROUGH ARM	Y COMMUNITY HOSP	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY
y filled in should be the must be	130 S M	aryland A.		wn 134. INSIDE CITY LIMITS?  YES □ NOX□	13e STREET ADDRESS 4531 Butler	Street
with with and 2	14. FA	THER'S NAME FIRST Hanna	21002		WIODLE	Clegde
be executed an and comp s. Pages 1 an	()	(AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC 211-56		Massabni s	ame as above
that the death certificate bed by the ottending physician lease remave carbon popers.		PART I, DEATH WAS CAUSE	DUE TO OR AS A CONSEQ	RESPIRATORY ARREST  UENCE OF IVE HEART FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ow requires been signe rmit. Then p prior to bu any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		DOEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	GIVEN IN PART 1(0) YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
PHYSICIAN: The I ending physician. this certificate has burial-transit pe and Mental Hygiene d or Item 18 shows		21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	YES NO	YES NO SEPART 1 OR PART 2)
7 5 4 6 5 -	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
hospital or attending in hospital or attended to the hed for use as the performance of th		220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) did) (did no	tol) attended the deceased from 31 DEC 19.	29 DEC 80 , 19 80 , ond that in (my) (our) opinion	, to 31 DEC death occurred on the date and l	
± 0 0 0 ±		22b. SIGNATURE	P. Sur Onto	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	31 DEC 80
TO HOSPITAL etained by the TO FUNERAL should be deti with the State MAPORTANT.		22d PHYSICIAN'S NAME ITYPE O RICHARD P. SA	N ANTONIO MD	22e. ADDRESS		
BP	23a E	URIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY  Slen Haven Cemete	23d LOCATION CITY OR TOWN ETY Glen Burn	ie, A. A. Md.

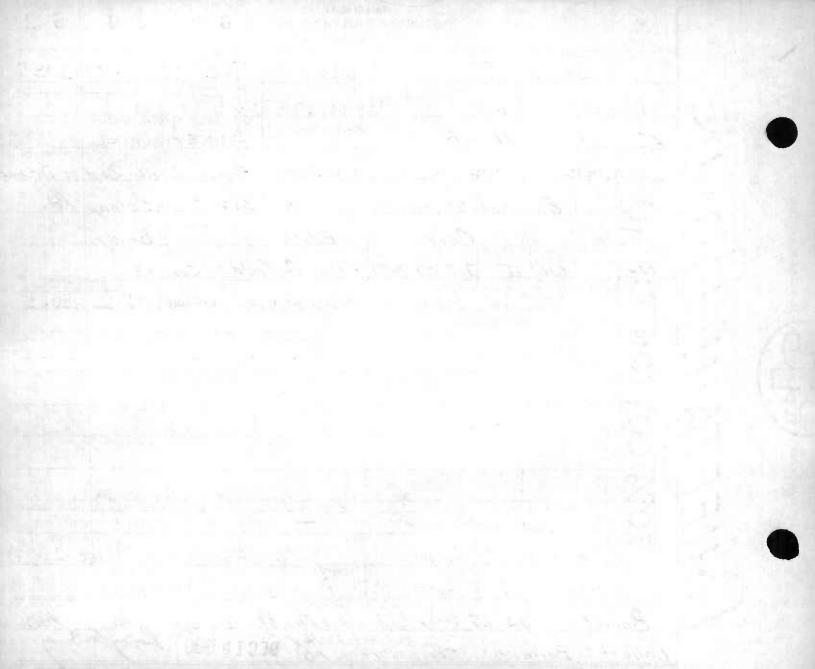
Glen Burnie. Md.

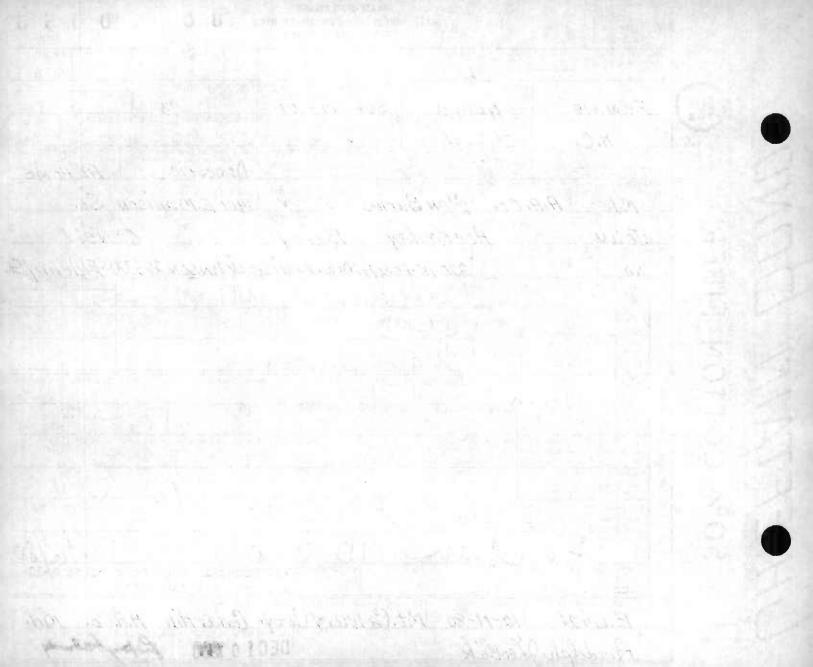
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
Raymond C. Fink

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) Bar Ond L B or when the terror 2 22 25 113 and the state of t week as enta khesphar who tas . Ad I - cally .1.0 (2) The selection of the selection

		FOR		IE OF MAKTLAND HEALTH AND MENTAL HYGI	ENE 8 ()	30052
	1 -	STATE REGISTRAR		FICATE OF DEATH	REG. NO.	
e 6.7		CEASED NAME FIRST	MIDDLE	LAST .	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay be	3. SE	JOHN	=, ( )	O D D D	6. AGE (IN YEARS LAST BIRTHDAY)	1 980 2 19
4 ( 10 )	3. SE.	MAIF CA	NAN	OF BIRTH	65	MONTHS DAYS HOURS MIN
ego.	Ja: Bi	RTHPLACE (STATE OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8 MARR		9. BALTIMORE CITY OR COU	
deoth.	1	Jacyland U.	S. H- WIDOW	PED DIVORCED		UNDEL A
offer 3	1		OF HOSPITAL, NURSING HOME SUCHFACILITY GIVE STREET ADDRESS) NE ARUNDIE	L GENERAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	III KIND OF BUSINESS OF HOUSTRY
d in d in st be i	USU. 13e. S	L RESIDENCE HE NURSING HOW OR OTHER INSTITUT	TION GIVE RESIDENCE BEFORE ADMISSION	1	13e. STREET ADDRESS	1
iner must	14.54	MD. Queen Ha	oe Stevensville	YES NO TO	317 OKEED	Colony Rd.
3 0- 1570	14 FA	THER'S NAME	A LAST	FIRST	WIDDLE	R LAST
3 0 -		AS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT	ADDRESS	Urany
be execu		es, no or unknown) (IF yes, give war or date:	717-07-9499	Ethel G. C	odd - Sec. 1	3
rtificate be g physicion onpapers. F event, the n		8 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	//			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
00000		IMMEDIATE CAUSE (o)	ACUTE	MYOCARDI	AL INFARCTI	ON ZHOURS
e deoth ce attendin nove carb otion, or troumotic		Conditions, if ony, which	O, OR AS A CONSEQUENCE OF			
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by the by the ose rer I, crem other		underlying couse last.	, OR AS A CONSEQUENCE OF			
equires the signed. Then plect to buriol njury, or	_	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
requence si	CERTIFICATION	LYPERTENSION				
nos beer no permit 1 no prior ws ony ii	FICA	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
sicion. ste hos one hos one hos one hos shows	ERTI	210. ACCIDENT WAS UNDERLYING 716. TIM	E OF INJURY	71r HOW IN JURY OCCUPRI	YES NO NO NOTE OF INJURY IN ITEM	YES NO NO
7 % 0 T 00		OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR	?	CENTER NATURE OF INJURY IN THE	1 18 PART I OR PART 2)
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25.5.5. 17.7.5.5.		. DECEASED (TYPE OR PRINT		5	TEVEN		eman	20. DATE KNOV OF EST DEATH MATE		25 <sub>19</sub> 80	2b HOUR
ARY, PLEAS L DIRECTOR COUR FILES 1772 HOUR	3	male	4. RACE white	S. DATE OF BIRTH	1952 28	THDAY) MONTHS		R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	12	25 1980	24 HOUR 11:30
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ficat ysicia pers.	even		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane couse per ling for (a), (b), and (c).	001	_/.	BETWEEN ONSET AND DEATH
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or at OR:	1 is		220 I certify that (I) (Non-haspital	attended the deceased from June	, 19 <u>78</u> , to_	Dec.	19_80, that (I) (we) lost
ATT Dital	em 2		saw the deceased alive an abave, (1) (western) (did not) v	inew the bady after death.	ny) (awr) opinian death oc	curred on the date and hou	r and fram the couses stated
The hospital the hospital AL OIRECT trached for the Dept. of	<del>1</del> <del>1</del>		HINSIGNATURE /	DEGREE	ATTENDING . / MEDI	CAL STAFF	22c. DATE SIGNED
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BP	- 1	8	urial	Dec. 10,1980 Crownsville	Vet. Cem C	rownsville	HH WI)
DHMH-16 2	5M	24 FI	INERAL DIRECTOR	C CADDRESS	DECO.	BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 2g. DATE OF DEATH 2b HOUR (TYPE OR PRINT) ALFOURD DECEMBER 25 1980 1836AM Irvin COTHAM 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MAY 05.1904 76 YEARS WHITE BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR PROF WORK FOR MOST OF WORKING LIFE Western Elect Anne Arunde 13c. CHY OR TOWN 13d. INSIDE CITY LIMITS? 7016 Beach Drive 21122 15. MOTHER'S MAIDEN NAME Oscan MIDDLE otham Epperson 17 INFORMAN Mrs. Ella Grace Cotham Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ArryThmia-VerTrician tibrillAin AS A CONSEQUENCE OF nero Sclerolic CARDIOVASCHILIPES Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION

CITY OR TOWN

20a. AUTOPSY?

COUNTY STATE

NO F

. 19\_30, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED

YES

IN CERTIFYING CAUSES OF DEATH?

22e. ADDRESS

231 NAME OF CEMETERY OR CREMATORY

1404 CRAIN HIGHWAY S. GLEN BURNIE MARYLAND

Len Burnie, Anne Aru

STAFF

DHMH-16 30M 2/80 (VRA 15, 4)

Burial

Mc Cully F.H. Mtn. & Tick Neck Rds. Pasadena, Md.

P.M

71e PLACE OF INJURY

2

Glen Haven Men.

19

Pank

23d LOCATION

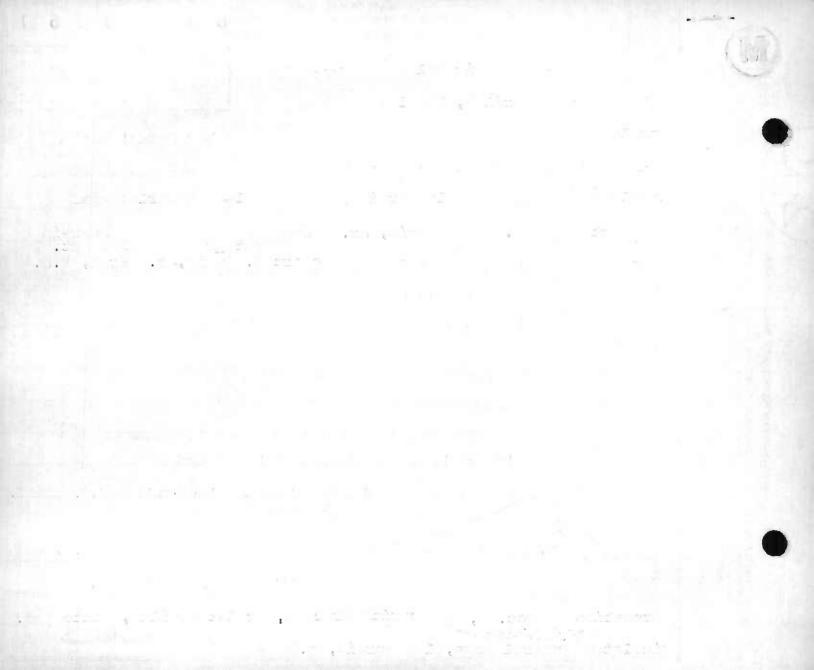
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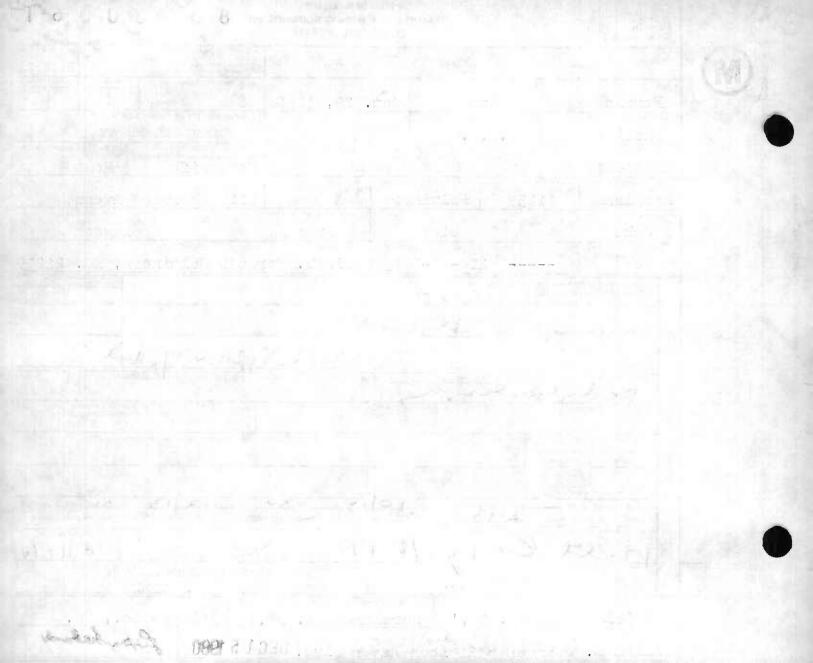
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equires that he bear as a signed by the attending. Then please remove corbs r to burial, cremation, or n injury, or other troumatic.		NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNUFICANT	(b)	OR AS A CONSEQUENCE OF AS A CONFEQUENCE ON TRIBUTING TO	ENCE OF	ANORAL  OTRELATED TO THE	14	dre	1 DI	ADSC N IN PART 110	
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AL DIRECTOR: A detached for use of the Dept. of Health of the Mark of the Mark of Health of the Mark of Health of the Mark of Health of			220.1 certify that (I) (this hasp sow the deceased alive a obove to we) (Gid) did n 22b. SIGNATURE	12	198	, 01	d that in (my) (our) op DEGREE ATTENDI PHYSICI	ING ME	occurred on the d	FF _	and from the c	
etoined by TO FUNER, should be d with the Sto	1		22d. PHYSICIAN'S NAME (TYPE	Chpl	1,mp	)	1616 F	043	L M. 1	Anna	noks.	m
BP			iurial, cremation, remova	23b. DATE 12-	9-1980	N	emetery or cremat <b>sbury</b>	ORY 23	d. LOCATION CITY OR TOWN	A. A	COUNTY CO	STATE Md
DHMH - 16 50M 1/76			INERAL DIRECTOR CNEE Hicks 1	11 192	Anna 2 Fores	polis t Dri	y NIC 25	a. DATE REC	D. BY REGISTRAR		RAR'S SIGNATU	ne di

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN XX 2b. HOUR (TYPE OR PRINT) ESTI-OF Michael DEATH MATED INDER OF EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLB. OF PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTIONS AND AS A SET OF THE FUNERAL DIRECTIONS AND AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 3. RETOLID BE FILED, WITHIN 72 HOURS OF HEALTH AND MENTAL HYGIEN, DIVISION OF WITAL RECORDS, 201 W. PRESTON STREET, RIAL, CREMATION, OR REMOVAL. Harlev AGE (IN YEARS IF UNDER TYR 4. RACE 5. DATE OF BIRTH 2d. HOUR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 2, 79 Male White April 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED [ DIVORCED D Anne Arundel County

1720. USUAL OCCUPATION (17PE OF WORK 1726 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) Glen Burnie North Arundel Hospital None None 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland GlenBurnie 146 Hammerlee Road NO X 14. FATHER'S NAME TS. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Robert E. Davis, Jr. Hohrein June 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT Father ADDRESS 309 Rt. IYES, NO. OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Robert E. Davis, Jr. No None Erma, N.J. None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ASPHYXIATION DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which (b) BOLUS OF FOOD gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE A SHOULD BE FORWARDED TO THE CHIEF YOF UNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURILL, 20 AUTOPSY? YES 🔽 NO [ 21a EXTERNAL CAUSE WAS 2 Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 1:00 &W chaked ob balus of food 21d INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM ETC CITY OR TOWN STATE NOT WHILE AT WORK AT WORK MΠ home 146 Hamerlee Rd Glen Burnie 220 | certify that I took charge of the ins described above, held or Autopsy deoth resulted from Undetermined manner Homicide TITLE (SPECIFY) DATE Deputy ChiefREDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. Penn St. Balto. MD. ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Dec. 5,80 Security Process, Inc Catonsville, Balto Cremation BP. 24. FUNERAL DIRECTOR DHMH - T7 Singleton Funeral Home, Glen Burnie, Md DFC 9 (VR A15 ME (5) 15M 2/80





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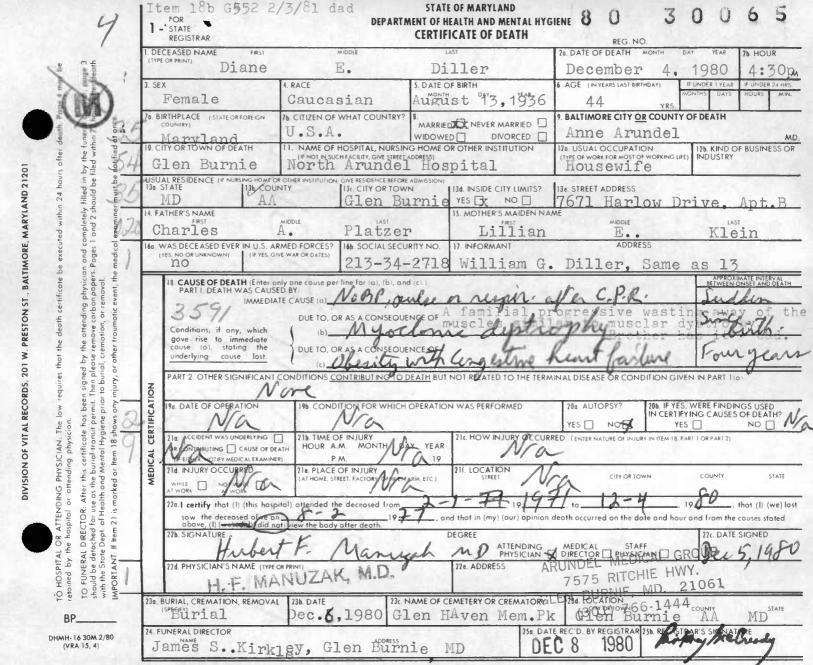
ARTHUR J. DEKOVEN Marie Carlotte Jana Miller 19/12/2014 HOURS COSCIETANTA HE WITCH

SOM A MARKET 4 6 6 6 6 6 CERT BURNIE WORTH AROND HOSPITAL Will J. DOM. H.D. W. 

Page 4 may be

5	1.	FOR STATE REGISTRAR			NT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 0	064
1)		CEASED NAME FIRST OR PRINT)	MIDDLE		L	AST	20. DATE OF DEATH	ONTH DAY YE	AR 26. HOUR
/		BET	Y Jane	)	DI	CKERSON	DECEMBER 10		10:15PM
	3 SE		4 RACE	5	DATE O		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
0.10		Female	Caucas	sian		ch 4,1924	56	YRS.	
1/	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR		TH
14		elaware	USA		VIDOWE	D DIVORCED DIVORCED	ANNE ARUNDI		MD. ND OF BUSINESS OR
14		SLEN BURNIE	NORTH ARI	LITY, GIVE STREET ADD	DRESS)		(TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE) INDUS	
35	USU.	AL RESIDENCE (IF NURSING HOME STATE M.Q. 136 CO	OR OTHER INSTITUTION, GIVE R JNTY B8	residence before ad CITY OR TOWN LITIMOR	e e	13d. INSIDE CITY LIMITS?	13. STREET ADDRES G1 702 Fernh	earwate	r Beach
120	14 FA	THER'S NAME Norman	MIDDLE	rier		15. MOTHER'S MAIDEN NAMERS FIRST Eudora			tchie
1		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES)	SOCIAL SECURIT		17 INFORMANT	ADDRES	same a	
		18 CAUSE OF DEATH (Enter				Charles R.	Dickerson	Husban	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A			Per mina ein 1 les is NOT RELATED TO THE TERM	INAL DISEASE OR COND		
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OF	PERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE F IN CERTIFYING CA YES []	
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	BEATH HOUR A.M.	URY MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PA	RT 2)
-	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN	IJURY ACTORY, OFFICE, FARA		211 LOCATION STREET	CITY OR TOWN	n COUNT	Y STATE
		22a L certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	on 11-25	19 8		, 19 <u>73</u> ad that in (my) (our) opinion o	to 12 - deoth occurred on the da	te and hour and from	m the causes stated
	9	22b. SIGNATURE	1 1- 00	1	ار سد	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		2-17-83
		DR. SACIT E				220 ADDRESS 529 CAMP MEA	DE RD LINTH	ICIM, MAR	YLAND
Alf.	23a (	BURIAL, CREMATION, REMOVE SPECIAL Burial				emetery or crematory Hill Cemeter	23d LOCATION CITY OF TOWN Baltimo	re, AA,	Maryland
25M 1/79		uneral director Name S. Kirk	lev. Glen	ADDRESS Burni	e. N		REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIG	NATURE

EETTY TEST TICKERSON DECEMBED 16, 1980 10:15PM Calcarian linten d. 1924 to - 1956 ALL VIELEN COLLA GLEN BURNIE NOOTH ARUNDH, HOSPITAL BOURBWIL'S LOUR Rome Model Hefrwassio. Boltimore vox 702 Fernhill Fond, 21225 bnedani, correctes U. Dickerson, insband IR. SACIT ENEM 529 CAMP MEADE ND LINTHIGHM, MARYLAND Burgel 20 Dec. 80 Cedar Hill Cometery Palitagra, 34, Saryland grance t. Mickier, Glon Murnic, ad. 1 1 1980 1 75 July

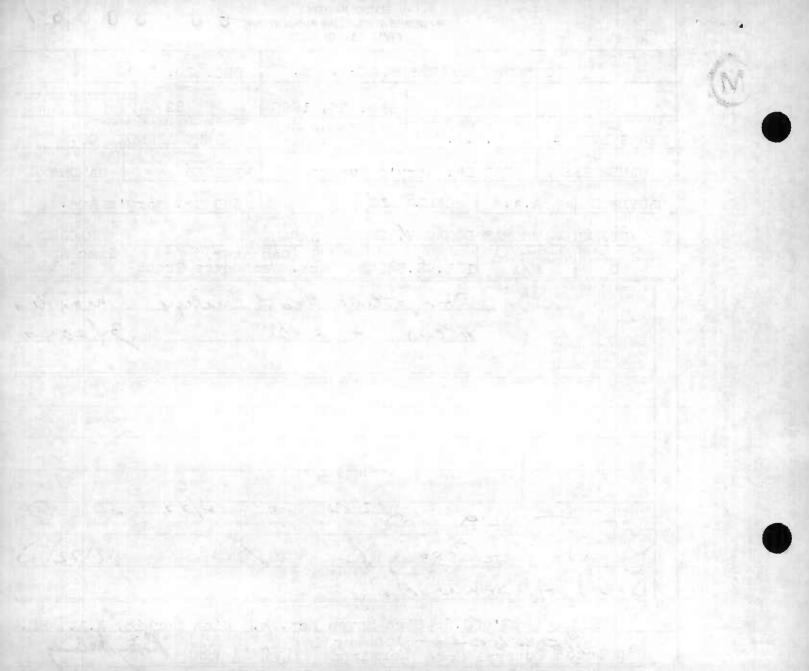


COLOG L Borris and Colog conditions of the state of the The state of the s Sugar Kattura

P	1	FOR  STATE  REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0 3 (	0 6 6 EST
e 6 4		CEASED NAME FIRST E OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
y be	(F)	ERMA	Р.	DILLER	DECEMBER 8, 1980	9:34 P
or and may	.3. SE	x Female	Caucasian	5. DATE OF BIRTH FED. 26, 1898	6. AGE (IN YEARS LAST BIRTHDAY) IF UN MONT	NDER 1 YEAR IF UNDER 24 MRS. HS DAYS HOURS MIN.
heath. Pa	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTR USA	Y? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	ARTEST A DITENTIFIE COLLECT	
by the fu		ITY OR TOWN OF DEATH JEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR NORTH ARUNDEL	SING HOME OR OTHER INSTITUTION EET ADDRESS) HOSPITAL		2b. KIND OF BUSINESS OR NDUSTRY
filled in hould be	13a.	STATE 136 COURT		Burnieyes \ no \	205 Aquahart Ro	oad
uted within		ATHER'S NAME FIRST	MIDDLE LAST Coppersm		a Lee	ese LAST
be execu an ond co	1	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!		Austin, Same as 13	3
ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours or rathending physician.  Far this certificate has been signed by the ottending physician and completely filled in by as the burical-transit permit. Then please remove corban papers. Pages I and 2 should be filled thand Mental Hygiene prior to burial, cremation, ar removal.  orked or Item 18 shaws any injury, or other troumatic event, the medical examiner must be (a	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE CONSECTION OF TH	DUENCE OF	TERMINAL DISEASE OR CONDITION GIVEN I	N PART Î(o)
The low recian.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WE IN CERTIFY INC	RE FINDINGS USED G CAUSES OF DEATH? NO
PHYSICIAN; The is ending physician. This certificate hos bund-tronsit per to Mental Hygiene do or frem 18 shows		2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)
DING PHY: ar attendia After this se os the bu calth and M morked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE	1	10	COUNTY STATE
S S S S S S S S S S S S S S S S S S S		sow the deceosed alive or above, (I) (we) (did) (did no	at the deceased from 19 att view the body after death		nion death occurred an the date and hour and	from the couses stated
the hor possible to the possib		27b. SIGNATURE	Croy	DEGREE ATTENDIN PHYSICIA		12(8/8)
TO HOSPITAL OR ATTER TO FURSAL DIRECTOR Should be detached for with the Stote Dept. of I MPORTANT: If them 21		22d PHYSICIAN'S NAME (TYPE OR ROBERT B. KRO	OOPNICK, M.D.		BALTIMORE-ANNAPOLIS N BURNIE, MD. 21061	BLVD.
BP		burial, cremation, removal (specify) B <b>urial</b>		CNAME OF CEMETERY OR CREMATO Glen Haven Mem	.Pk Glen Burnie	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR  James S. Kirl	kley, Glen Bu		DEC 1 5 1980	S SIGNATURE

landle understand the state of disortice Committe Committe Cenous Marine and States of the State of the Same of 13, 1 Eggin leg. 11,1980 Man Payen New. Pk John Blymic U Egg Jenes J. Mireley, Blandingie, and DEC15 1980 payable

,,	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	30067
1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
	{TYPI	QUIDD:	INGTON THOMAS	DONACHY, JR.	DEC. 20, 1	.980 <sub>M</sub>
,	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	JAN. 20, 1898	82 y	MOITING BATS HOURS MET
27/	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	
10		ENNSYLVANIA	U.S.A.	WIDOWED DIVORCED		JNDEL CO. MD.
100		GAMBRILLS	(IF NOT IN SUCH FACILITY, GIVE STREET 583 St. Mai	ry's Avenue	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  MANAGER	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HARDWARE
Set be	130 S	ARYLAND 136 COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY A • A •   FAME GAMBE	RILLS YES NO X	13e STREET ADDRESS 583 St. Ma	ary's Ave.
examine 20			THOMAS DONACHY	Y, SR ANNA	ME	BÏGART
medical			RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) N/A 181.05	Dav	ighter) <sup>ADDRESS</sup> eannette Trou	Same As at #13
umatic event, the		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and BY TE CAUSE (a)  DUE TO, OR AS A CONSEQUI	gestine Hear	+ Failing	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WONTEL
any injury, ar ather tr	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (		ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	20a AUTOPSY? [20b. If	FYES, WERE FINDINGS USED
SMD 7	TIFIC				YES NO	ERTIFYING CAUSES OF DEATH?  YES NO NO
fem 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR  19  21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is me		sow the deceased alive an above (1) (we) (did) (did no	hour and from the causes stated			
T He		22b. SIGNATURE	Q Klee		DIRECTOR PHYSICIAN	12/2/SO
MPORTANT: If Hem 21		David A	L Schwar	ADDRESS		
-	23o. E	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	1	BURIAL		len Haven Mem.Pk	Glen Burn	
777	24. FI	UNERAL DIRECTOR SINGLETON F	Uneral Homo	gren burnie!	REC'D. BY REGISTRAR 256. R	istrar's symature

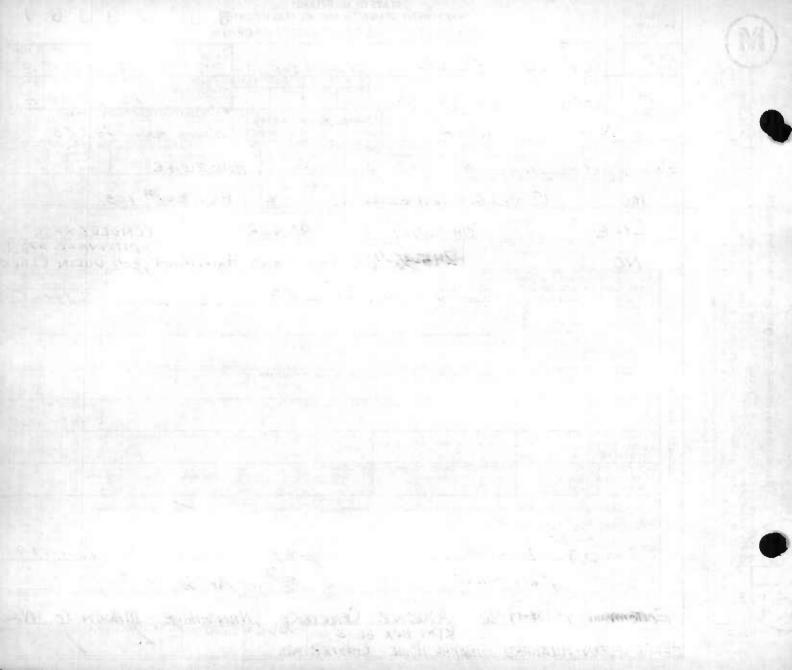


James S. . Kirkley, Glen Burnie, Md.

(VR A 15 (4))

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-			STATE OF MARYLAND	
1	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS ()	0 0 6 9
(RA)	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
[ awa ]		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MON	NIH DAY YEAR 26 HOUR
	(1)	Chloe	Del Esti-	
A A A A A A A A A A A A A A A A A A A	2 651			13 170 // M
PLE CH PLE	3. SE		OATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	20. HOUR
DN 22 N		WHITE	5 14 27 53 YRS. DEAD 12	- 15 1980 AM
SSAA RAI HIN			CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO	
	"	M.C.	U.S. A. WIDOWED DIVORCED ARVA	ideles
AY IS NECESSARY, PIEAS.  O THE FUNERAL DIRECTO- AAGE S FOR YOUR FILES.  WITHIN 72 HOUR.  O THE STATE OF THE S	10. C		MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO	DRK 112b. KIND OF BUSINESS
ELAY IS NI TO THE FU TO THE FU PAGE 5 BE FILED.	0	www.nolis //	PORMOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PORMOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)  HOUSEWIFE	OR INDUSTRY
S S S S S S S S S S S S S S S S S S S	USU	AL RESIDENCE (IF IN NURSING HOME OR OTH	IER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
21201 IF ANY DE 2, AND 3 T 3. RETAIN SHOULD B	130. 5	TATE DISCOUNTY	A. CO. STEVENSVILLE YES NO DE P. O. BOX# /	V3
	14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
DRE, MD. 2 R DEATH. III AGES 1, 2, RM PM 3. 1 AND 2 SI OEVITAL	9	LYLF MID	DDLE LAST FIRST MIDDLE	LAST CO.
BALTIMORE, A RS AFTER DEA GIVE PAGES WITH FORM PI PAGES I AND VIVISION OF V	16a V	WAS DECEASED EVER IN U.S. ARMED F	FORCES? 165 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS.	IDERGRASS
TER FOR ON O	{Y	(ES, NO, OR UNKNOWN) (IF YES, GIVE WAR O	ORDATES)	TREVILLE, MPROL.
BALTIMOI DURS AFTER 8 GIVE POR WITH FOR DIVISION O		NO	1275-36-1011 EVA JANE HANTMAN, 30	7 DULIN CLARK
		18 CAUSE OF DEATH (Enter only one	e cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.,		PART I DEATH WAS CAUSED BY:	Alise ateriocalerates CVD	Sidden
ESTON ST., I HIN 24 HOU IN ITEM 18. R ALONG V SIT PERMIT. HYGIENE, D	100	1 4272	DUE TO, OR AS A CONSEQUENCE OF	
THIP L IN VSIT		Conditions, if any, which		
W. PREST  W. PREST  W. PREST  PENCIL IN  AMINGR IN  L. TRANSIT  ENTAL HY  REMOVAL		gove rise to immediate cause (a) stating the under-	(b)	
OI W. PRESTOUTED WITHIN N PENCIL IN EXAMINES A STATEMENT A STATEMENT A MENTAL HYCOR REMOVAL		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
S, 301 V (ECUTEI 5" IN PE AL EXA AL EXA AND ME NN OR ME			(c)	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD. "PENDING" IN PENCIL IN TIEM 16 ROED TO THE CHIEF MEDICAL EXAMINER ALDNG E 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURRAL, CREMATION, OR REMOVAL.	z	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT HOLI RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (0).	
E E E E E E E E E E E E E E E E E E E	CERTIFICATION	19g. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	les auraneus
ITAL RI SHOULI SRD "PE CHIEF E USED OF HE AL, CRI	2	The Date of Grekation	118 CONDITION FOR WHICH OPERATION WAS PERFORMED!	20. AUTOPSY?
F VITA  F SHC  WORD  HE CH  HE CH  NI OF  URIAL,	E			YES NO.
A ATE BURNER	Ö	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 C	R PART 2)
ONO THE TO T HOULI	MEDICAL	CONTRIBUTING CAUSE OF DEATH		
NG N	ă	214 INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 211. LOCATION	
DIVISICE HIS CERTII WRITING VARDED T AGE 3 SHI AGE 201 PRIOR	Z	WHILE NOT WHILE D	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
F .> & E E		AT WORK		
		220. I certify that I taak charge af t	the remains described above, held an Autapsy , Inspection , Inquiry , and in m	y apinian
EXAMINE: CERTIFICA CERTIFICA DIRECTOR WITH THE ARYLAND,		death resulted fram Nortal car	uses , Accident , Suicide , Hamicide , Undetermined manner ,	
EXAA CERT UID DIREC WITH	10	840	TITLE (SPECIFY)	
AL EXA HE CER HE CER HOULD TH, WILL TH, WILL MARY		SIGNATURE O Sur M.	M.D. Deput 9 MEDICAL EXAMINER SK	TE 12,11,80
SPEATONE				2
WED!		EXAMINER'S NAME F.L.	wharest ADDRESS Amorpalis put	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DEATH, BALTIMORE, MA	23a B	URIAL, CREMATION, REMOVAL 23b. DA	ATE 234 NAME OF CEMETERY OF CREMATORY 234 LOCATION	
	1	SBICIFY)	AD As I A A A A A A A A A A A A A A A A A	COUNTY
BP	74 E	UNERAL DIRECTOR		SKENATURE)
DHMH - 17 (VR A15 ME (5))	11	NAME	ADDRESS KITI DOX 66-B	
15M 7/77	HE	LFENBEIN-HUBBA	RD FUNERAL HOME CHESTER MD.	1



Mo willy Funeral Home, Mt. E. Tickneck Rd. Pasadena MD.EC

FOR - STATE

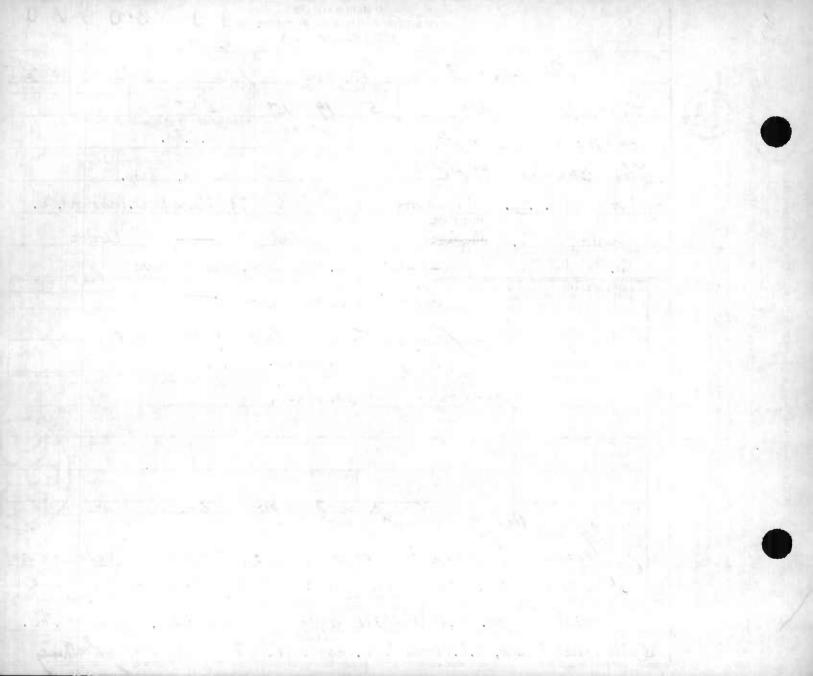
DHMH - 16 50M 1/76

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH



	1-	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 0 3	0 0	7 1
(M)		No. of the last of	4 RAVE	ENGELKE S. DATE C	PF BIRTH	December 11, 1	980  IF UNDER 1 YEAR  MONTHS DAYS	4:55PM  IF UNDER 24 HRS HOURS MIN
e fune al direction of the set of	CC	Male RTHPLACE (STATE OR FOREIGN DUNTRY) TY OR TOWN OF DEATH	Caucasian 76 CITIZEN OF WHAT COUNTR  11. NAME OF HOSPITAL, NUR	MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CITY OR COUN Anne Arundel  120 USUAL OCCUPATION (THE DE WORK FOR MOST OF WORKING		MD. DF BUSINESS OR
in 24 haurs after y filled in by the filed will be filed will be refmust be positived	USUA 130 S Ma	ryland Anne	(IF NOT IN SUCH FACILITY, GIVE STR  200-B Hilltop OTHER INSTITUTION, GIVE RESIDENCE SE TY Arundel Annapo	Lane, ORE ADMISSION)	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS 200-B Hilltop	(101	Service pt 207
e executed within n ond campletely Poges 1 and 2 sh medical@coniner	16a W	JOHN AS DECE SED EVER IN U.S. ARA	MED FORCES? 166/OCIAL SE WAR OR OATES)	Le CURITY NO.	15 MOTHER'S MAIDEN NA 17 INFORMANT	WIOOFE	23 50	Nice Dr.
equires that the death certificate in signed by the ottending physici. Then please remove corbonpaper to burial, cremotion, ar removal. injury, or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DBY E CAUSE (0) Cardia  DUE TO, OR AS A CONSEC  (b) Athero  DUE TO, OR AS A CONSEC	c arres		cular disease	many	years
JAN. The law naphysicion physicion rificote hos bee l-transit permit of Hygiene priou	ICAL CERTIFICATION	None — — — — — — — — — — — — — — — — — — —	P.M.		21c. HOW INJURY OCCUR	IN CER	ES, WERE FINDINTIFYING CAUSES YES   B, PART 1 OR PART 2)	NGS USED S OF DEATH? NO
HOSPITAL OR ATTENDING Prined by the hospital or after the FUNERAL DIRECTOR. After the old be detached for use as the hite State Dept. of Health and ORTANT: If them 21 is marked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE 1  220.1 certify that (I) (1XXXXXI  sow the deceased alive on above, (I) (XX) (did) (d2XXXI  22b. SIGNATURE  PHYSICIAN'S NAME (TYPE OR Charles W. Kin	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF THE PRINT)  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF THE PRINT)  21e PLACE OF INJURY (AT HOME)  21e PLACE OF INJU	July 80 .or	DEGREE  M. D. ATTENDING PHYSICIAN [	cirrortown	22c. DATE	
BP	(5	URIAL CREMATION, REMOVAL PET 1 A DEPAL DIRECTOR JAME M. TAYLOT	12/13/80 23 12/13/80 PAESS	A poll	EMETERY OPEREMATORY  OF YS CEMELER  250 PM  250 PM  250 PM	23d IGCATION IGVORTOWN FREE DEBY 1988 (RAR 22)	A. A.	197d.

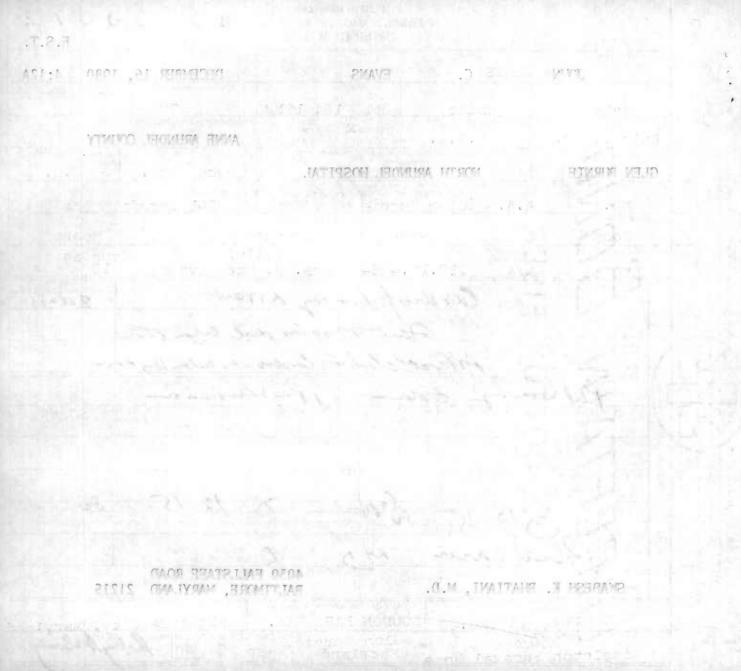
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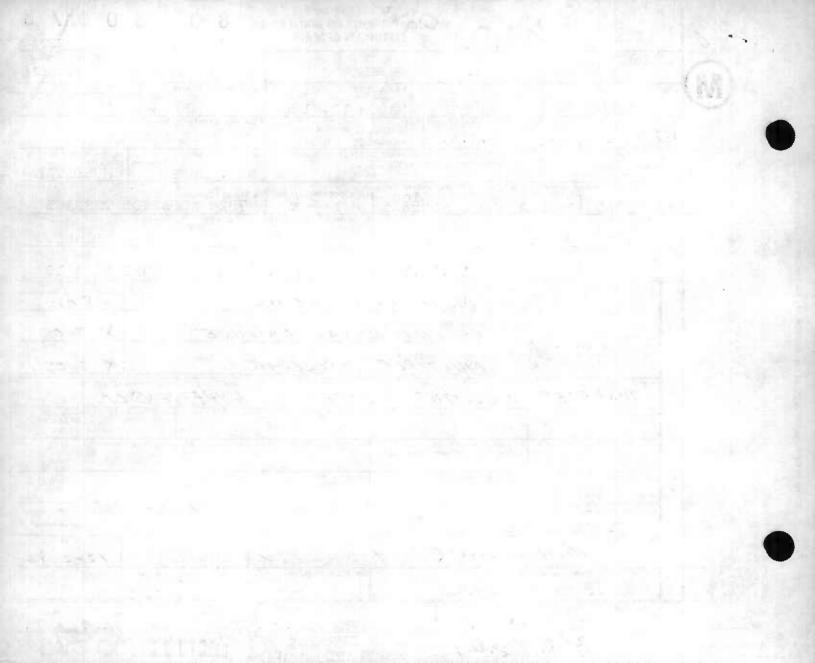
ADDRESS

Maryland

Singleton Funeral Home

(VRA 15, 4)





BP.

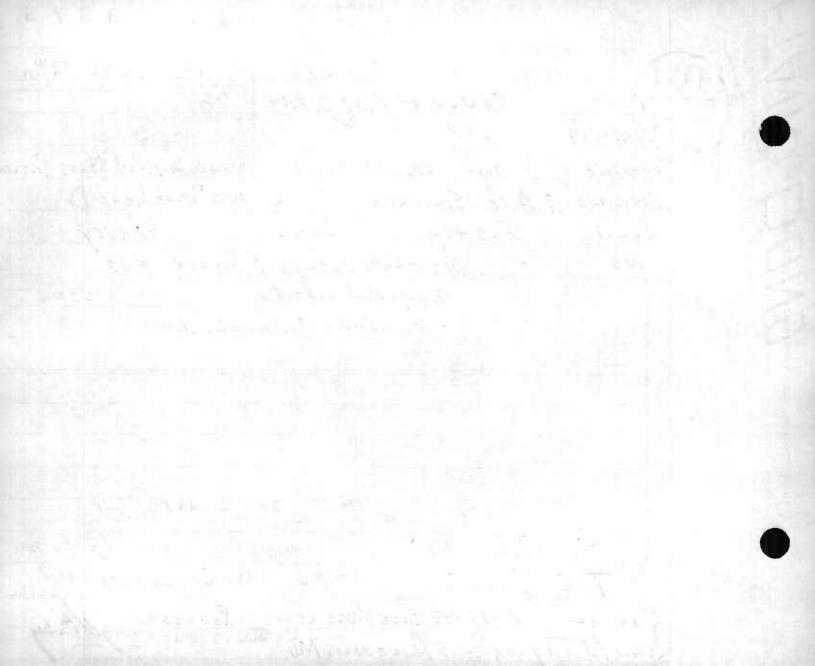
DHMH-16 30M 2/80 (VRA 15, 4)

	1 -	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		3	0 0	7 4
		CEASED NAME	ATherine	MIDDLE .	T	ALLICA	REG. N 20. DATE OF DEATH	MONTH DAY	0	b. HOUR
	1. SE	Female	4 RACE Whit	٩	5. DATE C		6. AGE (IN YEARS LAST BI	T YRS.	THS DATS H	FUNDER 24 HRS
5		IRTHPLACE (STATE OR FOR	U.S.	WHAT COUNTRY?	WIDOWE		Anne Anu	ndel	11-01-3	MD.
3	Ann	ity or town of death	Anne A	rundel ye	n. Ho	PAPA	120 USUAL OCCUPAT STYPE OF WORK FOR MOST eamstress		126. KIND OF B INDUSTRY Loth	
35	13a S	STATE 13	nne Anundel	13t. CITY OR TOWN	1	136. INSIDE CITY LIMITS? YES NO W	130 STREET ADDRESS	tain Rd.	21122	<b>)</b>
20		Joseph	MIDDLE	Parncut		Jennie	WIDDIE		? LAST	
1		WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FORCES?	214-01-64	34	17. INFORMANT Winfield S.F	aunce Same		APPROXIMA BETWEEN ONS	
	NO	Canditions, it any v gove rise to immed cause (a), stating underlying couse	which diate the lost. (b) DUE TO, OF	R AS A CONSEQUER	NCE OF	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	IDITION GIVEN	IN PART I(a)	
9	CERTIFICATION	19a DATE OF OPERATIO	IN IN CONDI	TION FOR WHICH (	OPERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
9	MEDICAL CEI	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL  (IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURRED	SE OF DEATH HOUR A.P.	M. MONTH DA' M.	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART	1 OR PART 2)	
	MEC	WHILE NOT WHILE AT WORK	LAT HOME STR	DE INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	1	COUNTY	STATE
		sow the deceased	nis haspital) attended the	80 19		d that in (my) (aux) apinior DEGREE  ATTENDING PHYSICIAN /	MEDICAL STA			
1		Stanley	Vatkins			220 ADDRESS Anne Arunde			inia Mo	1.
	-	BURIAL, CREMATION, RE			ame of c	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	no Fra	OUNTY  OUNTY	STATE Pa.
	Me Me	UNERAL DIRECTOR  Cully F. H	Mountain &	Tick Nec	1 (4) 1	10. 21122 JA	N 5 1981	Profes	y Nelly	ady

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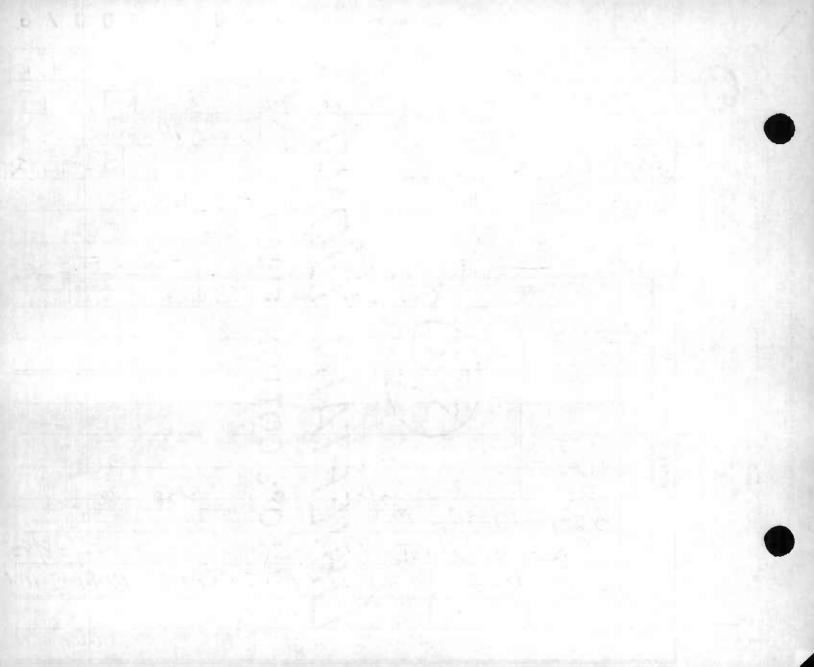
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 0 3 0 0 7 5
DECEASED NAME FIRST	EPH FISHER  AACE S. DATE OF BIRTH  CAUCASIAN 1911 2 1904	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR  2 - 25 - 80 PAN N  6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HER MONTHS DAYS HOURS MIN
74. BIRTHPLACE ISTATE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  NITE TRUNCE ON MA
Annaplis	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Anne  OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTLOF WORKING LIFE) WHARE HOLISMIN STARS FOLKS.
	13d. INSIDE CITY LIMITS?  13d. INSIDE CITY LIMITS?  15. MOTHER'S MAIDEN NA	13458 POPLAR LEAF DR.
Day JOHN	MIDDLESHER LEND	MIDDLE HARVEY LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT YEWAR OR DATES) 714 14224/ EURZYN 1	P. FISHER #13
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190 DATE OF OPERATION  190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED 211. INJURY OCCURRED	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \text{NO} \( \sum \text{NO} \)
OR CONTRIBUTING _ CAUSE OF D	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270.1 certify that (1) (this has	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
sow the deceased alive a	n 25 Pec 19 80, and that in (my) (each opinion of view the body after death.	death occurred on the date and hour and from the couses stated
27b. SIGNATURE  27d. PHYSIGIAN'S NAME (TYPE	attending Physician	MEDICAL STAFF DIRECTOR PHYSICIAN 26 Dec/ 1980
224 PHYS CIAN'S NAME (TYPE	CULLIS 7-Riggs	Au Soverng PARK Md.
230, BURIAL, CREMATION, REMOVA	12-19-80 BLUE RIDGE CEM.	23d LOCATION COUNTY STATE
1/76 24 FUNERAL DIRECTOR	ADDRIES ADDRIES AND 250. AND	FREC Z BY REGISTER 256 PEGES RAR GENALIA

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OF PRINT) 10 JOSE PH 4 RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS 1902 To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED RUNDEL DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CHY OR TOWN 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ANIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **IFICATION** 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F Hygier 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION ö CITY OR TOWN COUNTY STATE STREET morked AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that/(1) (this hospital) attended the defeased from ro and that is (my) our) opinion death accurred on the date and hour and from the causes stated obove (I) we raid) (and not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING e ANT PHYSICIAN DIRECTOR | PHYSICIAN be de 22d. PHYSICIAN'S NAME 22e ADDRESS should b IMPORT, 23g, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN DATE REGID BY REGISTRAR SERVETURE

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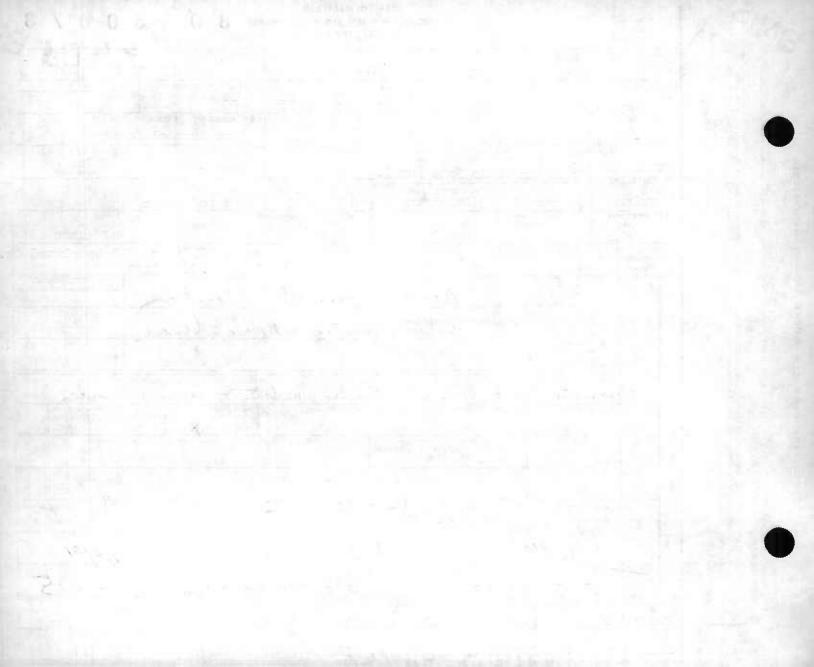


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	3. SE			White		5. DATE C	F BIRTH	1910	6. AGE (IN YEAR)	S LAST BIRTHDAY)	IF UNDER I YEAR	
BE		RTHPLACE (STATE OR FO			SA	MARRIE		ORCED	ANNE .	CITY <u>OR</u> COUN ARUNDE		CY MD.
54	GLI	ITY OR TOWN OF DEA			H ARUN	DEL H	OSPITA	L	OT USUAL OC OT USUAL OC Cappe:	R MOST OF WORKING		of Business or Cream C
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021	14 FA	Unknown			Falses		15. MOTHER'S /	ertru	de	HDDLE	Unknö	₩n
	16a. V	VAS DECEASED EVER II		WAR OR DATECT	214-18		Mr. J	CITCII		e Md rman 31	21061 13 Milt	on Ave.
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9	CERTIFICATION	190 DATE OF OPERAT		196. CONDIT	- /	A OPERATIO	N WAS PERFOR		20a. AUTOPS YES N	IN CER	YES, WERE FIND TIFYING CAUSE YES	
	MEDICAL C	OR CONTRIBUTING C.C.  (IF EITHER NOTIFY MEDIC.  21d. IN JURY OCCURRE  WHILE NOT WHILE	AUSE OF DEATAL EXAMINER)	P.M. 21e PLACE O		19	21f. LOCATION STREET	15		ITY OR TOWN	COUNTY	STATE
		22a I certify that (I) ( sow the decease abave, (I) (we) (di 22b. SIGNATURE  M. A.	this haspit	125 01	1 12/-191	1gu, or	DEGREE		death occurred o		226. DAT	, that (I) (we) last e causes stated E SIGNED
		224 PHYSICIAN'S NA			ELOU,	M.D.	22e ADDRESS					21225 MARYLAN
	12	BURIAL, CREMATION, F (SPECIFY) Buri	al	12/30,	10 -	len H	emetery or cr aven M	ematory em P	K	°"Burni		Arundel
	24 EI	INTERAL DIRECTOR IV	( ( A )	I I A HALL	LI CALO	HOMP	OT	25- DATE	DEC'D BY DEC	STDAD 264 DEC	MEDADIC CICMA	TIME A

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James S. Kirkley, Glen Burnie. Md.

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VR A 15 (4))

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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district Cuincring transmit Campagner 23, 300 11:40 Temel Officentian Feb.5, 307 Janily A. Januari as fa, surses Marchill fell. 18. mis S. . . . Luden. 

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MPORTANT:

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DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

COUNTRY MARYLAND 10 CITY OR TOWN OF DEATH

13a. STATE

To. BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER

CLARENCE 160. WAS DECEASED EVER IN U.S. ARMED

> Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse

18 CAUSE OF DEATH (Enter only on-

PART 2. OTHER SIGNIFICANT CONI

PART I. DEATH WAS CAUSED BY:

ANNAPOLIS

MARYLAND

MAS NO OR UNKNOWN)

22b. SIGNATUI

230. BURIAL, CREMATION, REMOVAL

14 FATHER'S NAME

3. SEX

PEARL

13b. COUNTY

A.A.

IMMEDIATE CA

7b. C

AN

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 0 8 0  CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  TO. DATE OF DEATH  REG. NO.  TYPE  TO. DATE OF DEATH  AND THE MONTH DAY YEAR 12 B. HOUR  S. DATE OF BIRTH  TO.  TO.  TO.  TO.  TO.  TO.  TO.  T		
BECEMBER 7,1910 3 /m		
MONTHS DAYS HOURS MIN.		
134 SIREET ADDRESS bury Square		
IN 116 76 South Laurel Dr. Laurel, Maryland		
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
114 Stage III		
INAL DISEASE OR CONDITION GIVEN IN PART 1(0)		

CERTIFICATION 19a. DATE OF OPERATION 71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING \_\_ CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from \_\_\_, that (1) (we) last

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY
PINELAWN MEM. PARK

MEDICAL

ATTENDING )

PHYSICIAN

23d, LOCATION A. AquiMarylandate Annapolis

22c. DATE SIGNED

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

DIRECTOR PHYSICIAN

FUNERAL DIRECTOR Annapolis. Md. WILTIAM REESE & SONS MORTUARY, P.A.

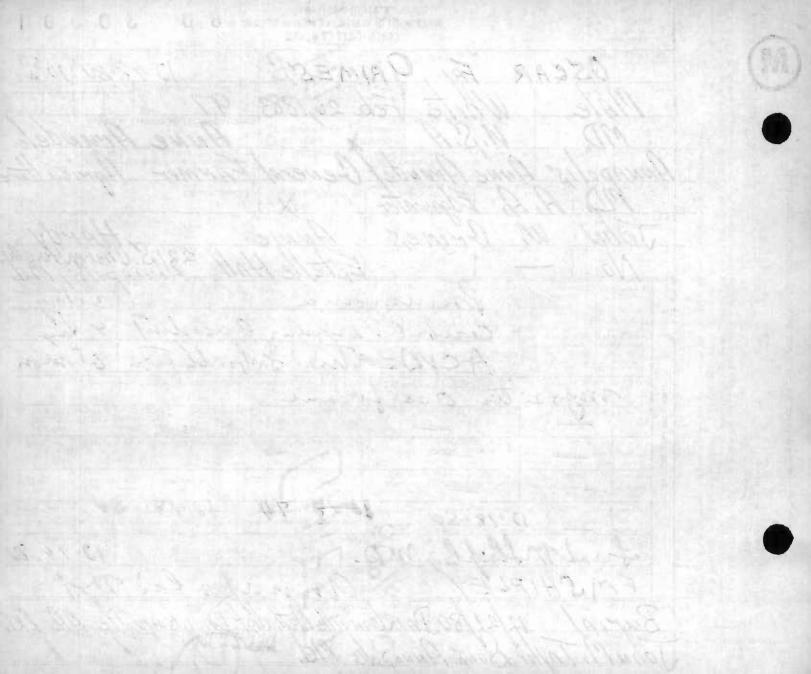
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	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 0 3 0 0 8 1
e 4 mones trar, page 3 offer death	1. DE	ECEASED NAME PRIST MIDDLE PROPRINT) OSEAR FAX	GRIMESS	TE OF DEATH MONTH DAY YEAR 26. HOUR 10 M M (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
iter deoth. Poge within 72 hours fired allone.		BIRTHPLACE ISSANCOR FOREIGN 76 CITIZEN OF WHICH COUNTRY) 75 OR TOWN OF DEATH 11. NAME OF HOSPIT	WIDOWED DIVORCED	YRS.  IMMORECITY OR COUNTY OF DEATH  WANTED TO THE PROPERTY OF MD.  UAL OCCUPATION  FWORK FOR MOST OF WORKING LIFE! INDUSTRY  WORK FOR MOST OF WORKING LIFE! INDUSTRY
hin 24 hours of	130.	NNADOLLS HANEL	MUNICE GENERAL F	ANMER HARIEU HAR
BALTIMORE, MARYI cate be executed with visition and completel ppers. Pages 1 and 2 vol t, the medical exagiin	164.	JOHN W. Gr	CIAL SECURITY NO. 17 INFORMANT HA	ADDRESS S. Cherry Fresh
W. PRESTON ST.,  of the death certific  by the attending phy se remove corbanp  cremation, or remo  inher troumatic even		Canditions, if any, which gave rise to immediate	consequence of arcular a consequence of arcular a	ceriling & day
DIVISION OF VITAL RECORDS, 201  ING PHYSICIAN: The law requires the attending physician.  After this certificate has been signed but the burial-transit permit. Then plean the and Mental Hygtene prior to burial, orked ar frem 18 shaws any injury, or a considered for them 18 shaws any injury, or any and a considered for them 18 shaws any injury, or any and a considered for them 18 shaws any injury, or any and a considered for them 18 shaws any injury, or any and a considered for them 18 shaws any injury, or any and a considered for them 18 shaws any injury, or any and a considered for them 18 shaws any injury, or any and a considered for the same and a conside	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR	YES RY 21t. HOW INJURY OCCURRED (EN	AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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BP	23a 24 F	SURPAL, CREMATION, REMOVAL 23b. DATE (SPECIAL) PROVIDED TO SERVICE OF THE SERVICE	DAVICSONVILLE LETACIST  ADDRESS  ADDRES	BY REGISTAR 256 PECTS RAPS SIGNATURE

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1 1	1	FOR	DED.	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	cm 8 0 3	0 0 8 4
1 13	1	- STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		EA		HALL , E	12-2	4-80 1305
e ( M )	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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BALT ate b ysicia opers vol. 1, the		18 CAUSE OF DEATH Enter PART I, DEATH WAS CAU	only one cause per line to lay b	of Corder C	da	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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quires quires signe hen p ta bur njury.	N N	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT PALATED TO THE TER	winal disease or condition gi	VEN IN PART 1101
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tach to the tach t		K.F. 10	char h.	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	12-24-80
HOSPITA ined by PUNERA indebe de hithe State	1	22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)	22e ADDRESS		SARAGINE DATE
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1<12BP	230	BURIAL, CREMATION, REMOV	12-30-1980	MA NATIONAL	23d. LOCATION CITY OR TOWN	oward md
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	1.	FOR - STATE	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL H	YGIENE 8 0	300	8 5
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offer d	100	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
24 hours	USU 13a	AL RESIDENCE (IF NURSING HOME OF	R OWER INSTITUTION, GIVE RESIDENCE BÉFORE AD 13C CITY OR TOWN ROWNS V	13d. INSIDE CITY LIMITS'		Sum MER!	Y'TRAIL
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OR ATT e hospil DIRECTO sched fo Dept. of f Item 2]		obove, (I) (wa) (did no	12 2 3 3 3 11) view the body ofter death.	DEGREE MID		22c DATE	E SIGNED
by the Brate det Carte		22d PHYSICIAN'S NAME (TYPEO	ELAL VI	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF		123/80
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AH - 16 50M 1/76 (VR A 15 (4))	_	UNERAL DIRECTOR.	DA & Saug ADRESS	25o. C	DATE REC'D. BY REGISTRAN	ISB OF STRAINS STOOL	Country 1

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12	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN	086
1/		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
(nn)		CEASED NAME LOVEN	MIDDLE LAST 20. DATE KNOWN OF ESTI-	DAY YEAR 26. HOUR
(E # # # # # # # # # # # # # # # # # # #		- Laron	Franklin Hall DEATH MATED 12	31 19 80 M
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★ 日本		(IF NO	T IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
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A Tagan	14. F.	ATHER'S NAME	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	1467
# 885 3 VC	E	aston MIDDLE	Hall Sadie H	olbrook
S SAN S	16a. \	VAS DECEASED EVER IN U.S. ARMED FORCES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE	F6)	ameas
BALTIM S AFTE GIVE P ITH FO PAGES WISION		No	40442-9354 Sally Barbara Hall -	#13a
: 50310		18. CAUSE OF DEATH (Enter only one cou PART I DEATH WAS CAUSED BY:	se per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PER H		IMMEDIATE CAUSE		
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A ATE		22a. I certify that I taak charge of the re		nion
ANIN REFERENCE PLAN YAA		death resulted from: Namiral capses	. Accident . Suiglde ., Hamicide X Undetermined manner .	
EXAMI CERTIFI JID BE DIREC WITH	ŀ	ACTUAL ACTUAL	TITLE (SPECIFY)	
CAL EXA THE CER SHOULD RAL DIR RE, MAR	1	SIGNATURE / NOTA	M.Deputy Chiefmedical Examiner SIGNED	1/1/81
NO CHE		EXAMINER'S NAME Thomas	D. Smith, M.D. ADDRESS III Penn St. Balto., ME	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE SORGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE S BALTIMORE, MARYLAND.	73. D	JRIAL, CREMATION, REMOVAL 236 DATE	ACCIONAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	
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	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8 0	<b>3</b>	0 0	8 7
		CEASED NAME E OR PRINT)	CLIFFOR		ERNEST		AST		20. DATE OF DEATH		AY YEAR	2b. HOUR
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	3. SE	x MALE	4.	RACE	AU	S. DATE C		1899	6. AGE (IN YEARS LAST)  81		IF UNDER 1 YEAR IF UNDER 24 HRS	
51		RTHPLACE (STATE OF COUNTELLINOI		WIDOWE			PROPER MARRIED OF BALTIMORE CITY OR COUNT  ANNE ARUNDEL			TY OF DEATH		
21	FORT MEADE, MD KIMBRO				HOSPITAL, NURSIN HEACILITY, GIVE STREET UGH ARMY	TREET ADDRESS)  MY COMMUNITY HOSPITAL SOLDIER  (TYPE OF WORK FOR MOST OF WORKING LIFE)  IN						OF BUSINESS OR
35		AL RESIDENCE (IF NI STATE RYLAND	PRINCE		GIVE RESIDENCE BEFOR 13c. CITY OR TOW LAUR		13d. INSIDE (	CITY LIMITS?	13e STREET ADDRESS 320 THOM	AS DRI	VE, AP	Т 2
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N.		CAUSE OF DE	ATH (Enter only WAS CAUSED	ane cause per	line far (a), (b), an	nd (c).)	11.85%	7-41-0	.,		BETWEEN	ONSET AND DEATH
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	NOI		GNIFICANT CO	10000	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CO	ndition give	N IN PART 1	al
1	CERTIFICATION	90 DATE OF OPER N/A	ATION	19b. CONDI	TION FOR WHICH		N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIFY	WERE FINDI	INGS USED S OF DEATH? NO X
2	7	210. ACCIDENT WAS LONG OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)	
000	MEDIC	21d INJURY OCCU	IRRED	21e PLACE			21f. LOCATI		CITY OR	TOWN	COUNTY	STATE

22c. DATE SIGNED

80

220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 13DECEMBER 19 saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

DECEMBER

3 DEC 80

22d PHYSICIAN'S NAME (TYPE OR PRINT) CALVIN MCNEILL, M.D.

NOT WHILE

22e ADDRESS

DECEMBER

DEGREE

7732 HANOVER PKWY,

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

231. NAME OF CEMETERY OR CREMATORY 23b. DATE DEC. 18, 1980 Arlington National

80

23d. LOCATION
CITY OR TOWN

em Arlington,

24 FUNERAL DIRECTOR NAMEDONAL SON Funeral Home DORLaurel, Maryland 250

DHMH-16 30M 2/80 (VRA 15, 4)

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FOR

- STATE

24 FUNERAL DIRECTOR

eorge J. Gonce 4001 Ritchie Hgwy.

DHMH - 16 60M 1/75 (VR A 15 (4)) STATE OF MARYLAND

CERTIFICATE OF DEATH

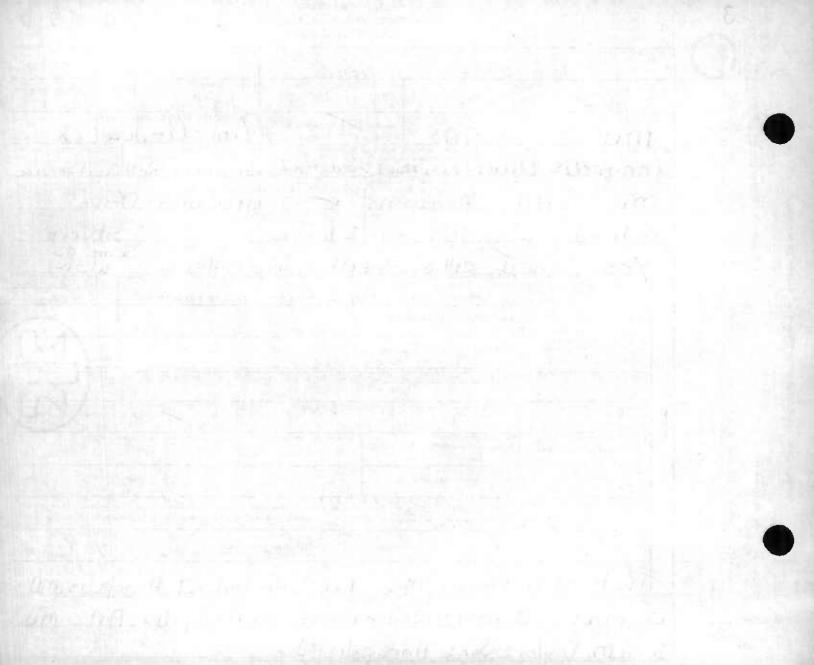
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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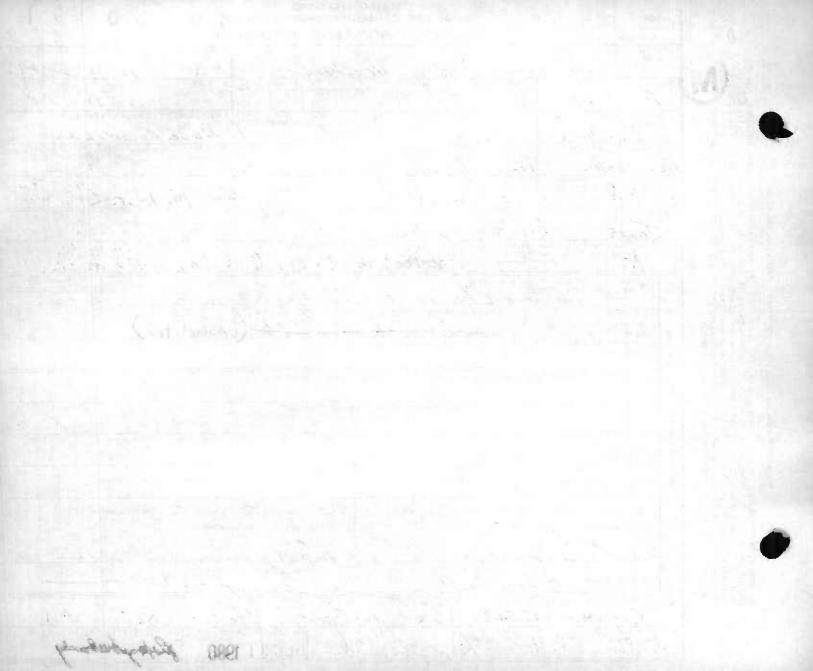
	Items 21a & 22a  FOR STATE REGISTRAR		TATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	SIENE 8 0	300	8 9
oth oth	1. DECEASED NAME FIRST Allen	Wilfred	Hedemann	20. DATE OF DEATH December	MONTH DAY YEAR	26. HOUR 3:36a
for page		I. RACE 5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY)  IF UNDER 1 YEA  MONTHS DAY	,
oth. Page	70 BIRTHPLACE ISTATE OF FOREIGN 7	THE A	RRIED X NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
s offer de	ID. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES  Kimbrough Army Co	5)	120 USUAL OCCUPATION 12b. KIND OF BUSINES:		
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mpletely and 2 st	14. FATHER'S NAME FIRST Fred W. "	Hedemann LAST	15. MOTHER'S MAIDEN NA	dith Leukes		LAST
oe execut n and co Pages 1	160. WAS DECEASED EVER IN U.S. ARM [YES NO OR UNKNOWN] (IF YES GIVE	AED FORCES? 166 SOCIAL SECURITY N WAR OR DATES) 202–24–649		† ADDRE 7014 † F†.	ss 4A Christia Meade, Mar	n Loop yland
ritificate by physicio an papers emaval.	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (b), and (c).) BY: CAUSE (a) Cardlopulmon	ary arrest		BETWEE	minutes
death ce attending lave carb stion, or r	Conditions, if any, which	due to, or as a consequence ( (b) Hypertens ion	CABG(1979) Hy	peruricemia		
that the day the lease remial, crema	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c) Motor Vehicle	e Accident			
equires in signe or ta bur injury.	PART 2. OTHER SIGNIFICANT CO Hypertension,	ASCD - CABG 1979,	Hyperuricemia.	INAL DISEASE OR COND	DITION GIVEN IN PART	lo
The law rion. In permit prene prior hows any	Hypertension,  190. Date of Operation  N/A  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER		20a. AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	ES OF DEATH?
og physic certificat rial-trans ental Hyg	0.000 0.000 0.000 0.000 0.000 0.000	0210 PXX Dec 21	1980 Motor Vehi	Cle Acciden		)
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spital ar STOR: Al far use a of Healt	22a.1 certify that (1) (this hospital saw the deceased alive an above, (1) ★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★		Dec 19 80  and that in (my) (*Xopinion causes	death accurred on the do	C 19 80 ste and hour and from t	_, that (I) (***Nos he causes stated
Y the hay the hay the hay the hay the had the detached ate Depthalf. If them	Mara EJ	liffellows	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	22c. DA	TE SIGNED
TO HOSPITAL ( retained by the TO FUNERAL I should be deten with the State I IMPORTANT; If	Naria E. Tebbe		22e. ADDRESS Kimbrough	Army Hospita	al, Ft Mead	e, Md.
BP	230. BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME Dec. 24,1980 Ar1	of CEMETERY OR CREMATORY ington National	23d. LOCATION CITY OR YOWN Cem Arl:	COUNTY	आर्था
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR  NAME  DeWitt Donaldson	ADDRESS	aurel, Md. 250 DAI	REC'D. BY REGISTRAR	256. REGISTRANS SIGN	ATOBready

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+ 0		6a. W	YAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SE		ADDRESS	Styron Some as
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E S	0	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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this e bu		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)	E, FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		-	AT WORK NOT WHILE	1	(2/2-)	12/2/	2)
0 0 0			220 certify that (1) (this hospital	19 4111	D. I	on death occurred on the date and hou	19 that (I) (we) lost
DIRECTOR: sched for us Dept. of He f Item 21 is			sow the degeosed olive.on_obove, (I) (ye) (did) (glid not) v	view the body after death.	DEGREE	on deam accorred on the date and had	221. DATE SIGNED
			Shall I	more of	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/A
111 0 00 2			224 PHYSICIAN'S NAME (TYPE OR PI	RINT)	22e. ADDRESS		6
TO FUNERAL should be det with the State	Ц		Michard IV	. Peeler,1	n/2 121 Cath	rednal St. An	napolis MU
SP		230 B	SPECIFY)	23b. DATE 2	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	1	24 FL	NERAL DIRECTOR	Jan J. 176 II	Ledar bluff Ca	DATE REC'D. BY REGISTRAR 256 REGIS	TRAP SIGNATURE
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1	STATE OF MARYLAND	n / / 1
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	) 0 9 1
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN AMONTH	DAY YEAR 26. HO
1 Mace.	Ann Hershman DEATH MATED 12	78 0 GO D
SEX 4. RACE 5. DATE 6	OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR TIE LINDER 24 HPS 24 DATE MONTH	78 1950 P
F W 7	DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	
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	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  170. USUAL OCCUPATION (TYPE OF WORK OT IN SUCH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS
Aunapolis An	Ne Arondel. Genera L. SuperBor	Newspaper
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS	ISTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1 76
	13 STREET ADDRESS YES NO VES N	( Comme
14. FATHER'S NAME	15. MOTHER'S MAIDEN NAME	e regrisorer
AND	LAST/ FIRST MIDDLE	LAST
160. WAS DECEASED EVER IN U.S. ARMED FORCE	ICES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS C	Gruss
(YES, NO, OR DIKNOWN)   HE YES, GIVE WAR OR DATE	1888-18-8146 Richard C. William 1436	171 MATT
///	The state of the s	Hardisch 1.
<ol> <li>CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:</li> </ol>	use per line fap (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
IMMEDIATE CAUSE	E (o) Chronic Green Systrome	Sudden.
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Conditions, if ony, which gove rise to immediate	(b) Me de virte ( ) LASCIE (t) 5)	
couse (a) stating the under-	UE TO, OR AS A CONSEQUENCE OF	
lying couse last.	(c)	
	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
199, DATE OF OPERATION 199	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
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OH.		20 AUTOPSY?
7 In EXTERNAL CAUSE WAS	The TIME OF INTERPRETATION OF THE PROPERTY OF	YES NO
210 EXTERNAL CAUSE WAS 210	IB. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	YES NO
210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19	YES NO
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19  1e. PLACE OF INJURY (ATHOME, 211, LOCATION	YES NO
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19  Te. PLACE OF INJURY (ATHOME, 211. LOCATION	YES NO
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UNDERLYING OR  CAUSE OF DEATH  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that I look charge of the re death resulted fram: Natyral causes  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	HOUR A.M. MONTH DAY YEAR P.M. 19  1e. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN CONTROL OF THE PROPERTY OF TOWN)  remains described above, held an Autopsy , Inspection , Inquiry , and in my or service , Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGN  ADDRESS MARKET.	YES NO PART 2)  DUNTY STATE
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I took charge of the re death resulted fram: Natural SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  23a.BURIAL CREMATION, REMOVAL 23b. DATE	HOUR A.M. MONTH DAY YEAR  P.M. 19  1e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN CONTRIBUTION)  STREET, FACTORY, FARM, ETC.)  Permains described above, held an Autapsy , Inspection , Inquiry , and in my on the contribution of the contribution	YES NO DUNTY STATE
UNDERLYING OR CAUSE OF DEATH  ZId. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a. I certify that I took charge of the re death resulted fram: Navgral couses  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  ZIG. BURIAL, CREMATION, REMOVAL (SPECIFY)  ZIG. BURIAL, CREMATION, REMOVAL (SPECIFY)  ZIG. BURIAL, CREMATION, REMOVAL (SPECIFY)  ZIG. BURIAL, CREMATION, REMOVAL  ZIG. BURIAL  ZIG	HOUR A.M. MONTH DAY YEAR P.M. 19  18. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN  CONTROL OF TOWN  THE PLACE OF INJURY (AT HOME. STREET CITY OR TOWN  CONTROL OF TOWN  CONTRO	YES NO PORT NO
UNDERLYING OR CAUSE OF DEATH  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that I took charge of the redeath resulted fram: Natural Causes  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  23a. BURILAL, CREMATION, REMOVAL 23b. DATE	HOUR A.M. MONTH DAY YEAR P.M. 19  18. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN CO  remains described above, held an Autapsy , Inspection , Inquiry , and in my or  semains described above, held an Autapsy , Homicide , Undetermined manner ,  TITLE (SPECIFY) M.D. Deformation MEDICAL EXAMINER SIGN  ADDRESS MEDICAL EXAMINER SIGN  231. NAME OF CEMETERY OR CREMATORY 231 LOCATION , FIDOR JOHN )	YES NO PORT NO



ADDRESS

Hardesty FH, 12 Ridgely Ave, Annapolis, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

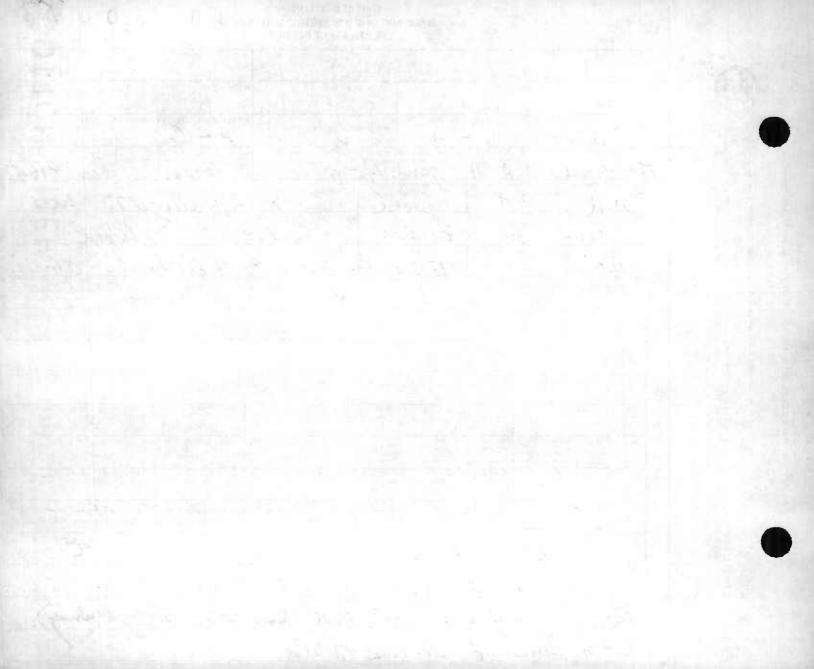
FOR

DHMH-16 25M

(VRA 15, 4) 1/79



REG. NO.	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT)  DOTOTHY E HILTOP BIRTH  1. DECEASED NAME FIRST MIDDLE  LAST 20. DATE OF DEATH MONTH DAY YEAR  1. DECEASED NAME FIRST MIDDLE  1. DECEASED NAME FIRST MIDLE  1. DECEA	12300m
	AYS HOURS MIN.
(IENOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK)FOR MOST OF WORKING LIFE) INDUST	MD.  ID OF BUSINESS OR  RY Calatt
JSUAL RESIDENCE MENURSING HOME OR OTHER INSTITUTION. GIVE RESULT CE BEFORE ADMISSION)  13d INSIDE CITY LIMITS?  13e. STREET ADDRESS  YES NO S  15 MOTHER'S NAME  MIDNE  LAST	Du.
WITH THE PROPERTY OF THE PROPE	Colone
Metastale Boreast Cause (a)  Metastale Boreast Cause (b)  Metastale Boreast Cause (c)  Metastale Boreast Cause (c)  Metastale Boreast Cause (c)  Due to, or as a consequence of  Conditions, if ony, which gove rise to immediate cause (c), stating the underlying cause lost  Due to, or as a consequence of  Due to, or as a consequence of  Due to, or as a consequence of  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	ROXHATE INTERVAL FEN ONSET AND DEATH  GREEN CONSET AND DEATH  T 1(0)
THE CONDITION FOR WHICH OPERATION WAS PERFORMED  10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. INJURY OCCURRED  VALUE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	STATE
220.1 certify that we' (this haspital) attended the deceased from 1979, to 223, 19	the causes stated  ATE SIGNED
ENSER W. COLE III 121 CATHEDRAL ST AN.	NAP Md.
BP	hody mid.



-		FOR				E OF MARYLAND	8 n	~~	0 0	9 4
	1-	STATE		DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE O O	0	0 0	
	I DE	REGISTRAR CEASED NAME FIRST		MIDDLE		TAST	REG. N			
	(TYPE	OR PRINT) A B			11.	10 100		MONTH DAY	YEAR	26 HOUR
		HELEN		L.	HIN	IKICHS	<del></del>	12 24	0 80	PM
)	3. SE	Tamal-	4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
	2 01	PEMALE	WH		9	19 1880	100	YRS.		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	- 4	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
9	10.00	MARYLAND	u.s		WIDOW		Anne AR	undel		MD
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NI CH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
7	61	en Burnie	NORTH	Arun	del Nus	sing tomE	HOMEMAKER			
1		AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
2	N	MARYLAND BAL	TIMORE	PIKES	VILLE	YES NO X	705 MILFO	RD MILI	ROAD	, 21208
	14 FA	THER'S NAME	MIDDLE	LAS	T	15. MOTHER'S MAIDEN NA.	WE		LAS	т.
0		CHARLES	H.	GABLE		EMMA	NID CC		GE	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI	SS		
1	,,	NO		220-4	44-9368	RAYMOND W. H	INRICHS 705	MILFOR	RD MIL	L ROAD
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (f	b), and (c)		/		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
		PART I. DEATH WAS CAUSE	:D BY: TE CAUSE (0)	Mes	tos La	L'c Ca	1 Jun	2		
		1629		R AS A CONS	SEQUENCE OF		0	1 -		
		Conditions, if ony, which	(b)_	As	CVI	2 5 614	F			
		gove rise to immediate couse (a), stating the	DUE TO O	RAS ACONS	SEQUENCE OF		1			
Н		underlying couse lost	(c)	17/2	enne	in the second	The H	/		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ito	
	ON			pr	ol.	CVA				
3	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
7	TIF						YES NO	YES [		NO [
2	CE	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	T OR PART 2)	
/	CAL	OR CONTRIBUTING CAUSE OF DE		Μ.	19	507 NOVEM 1				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE		PFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(Minorite, Sh	icer, racrokt, o	TICE, TANK, ETC.,					JIMIL
		220.8 certify that (1) (this hospi		e deceased f	rom 1) 6	1 66 19	o, to Dec	7€, 19	80	that (1) (we) lost
		saw the deceased alive on above, (1) (we) (did) (did no			19 56 0	nd that in (my) (our) opinion	death occurred on the d	ote and hour o	nd from the	couses stated
		226. SIGNATURE	110	6	2	DEGREE			22c. DATE	SIGNED
		1 / lus +	escho	me	-	M. 10 ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	IAN 🗌	De	26 86
		226 PHYSICIAN'S NAME (TYPE O	R PRINT)	_		22e. ADDRESS		-	V Post	
		Mustat	-a (	, 0	2 MB	605 B-	A BIVS	Jece	hour per	uk red
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	(:	BURIAL	12-30-	-80	LOUD	ON PARK	BALTIMOR			ARYLAND
-	24. FU	JNERAL DIRECTOR		ADDRE	SS	21229 250. DAT	E REC'D. BY REGISTRAR	25b. PSGISTRA	R'S SIGNATI	URE

ADDRESS

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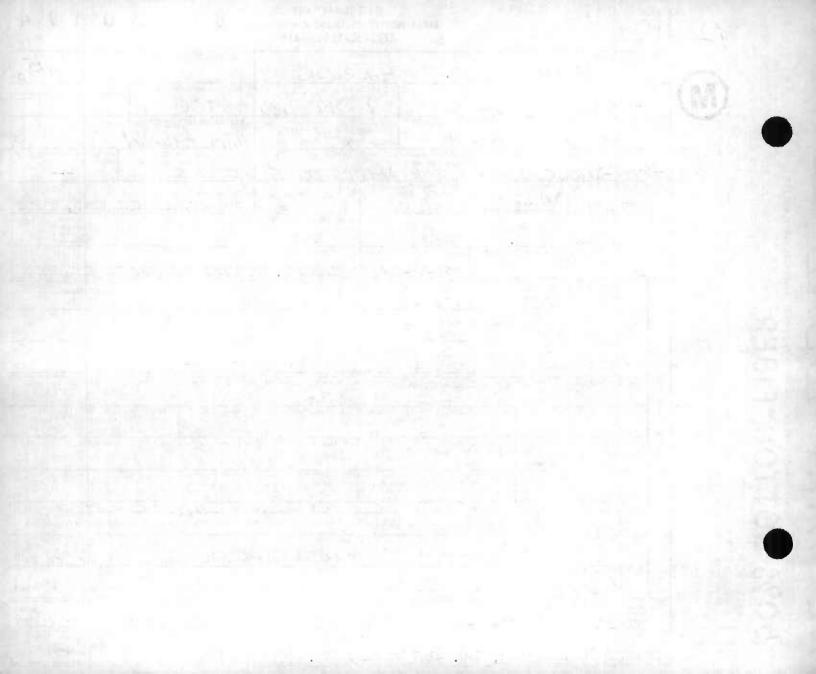
WILKENS AVE

INC.

HUBBARD FUNERAL HOME,

DHMH - 16 50M 1/76 (VR A 15 (4))

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SON X	11-	FOR STATE					ALTH AND MENTAL	~		5	U	U	9	3		
? ( \M )		REGISTRAR CEASED NAME	FIRST	IV	MIDDLE	AMINE	C'S CERTIFICATE			REG. NO						
		E OR PRINT)		TD A			5.00	1	OF ES	STI-		DAY	YEAR	2b. HOUR		
OR SEET,	2.000		LIN		М.		HOFFMAN		DEATH MA	TED [_]	12	19 1	, 80	M		
STREET	3. SEX		4 RACE	5. DATE OF BIR	TH AY YEAR 6.	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS		RONOUNCE				YEAR	12H35		
ARY CON 200 NO		nale	white	Sept. 13		YRS.			DEAD		12		980	a <sub>M</sub>		
P C RES S S S S S S S S S S S S S S S S S S		RTHPLACE (ST	ATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY												
ANT NEW TON	1	Maryla	nd	4.5.A. WIDOWED DIVORCED Anne Arundel										MD.		
SI SHED		TY OR JOWN C		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  North Arundel Hospital									D OF BUS INDUSTR			
DELAY IS NECESSARY, PLEAS 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. RDS, 201 WE PRESTON STREET.		Len Buri					tal	5	Luden	+		Col	lege			
ANY DANY DANY DANY DANY DANY DANY DANY D	130 S		IF IN NURSING HOME OF		N, GIVE RESIDENCE BEF		134 INSIDE CITY LIMITS	13e. STRE	ET ADDRESS		0		/			
SHOULD SH		MD.	19	A.		no faci		8 4	80.	5.	Kit	chic	: 4	WY		
MD. 42. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14. FA	THER'S NAME		MIDDLE	1 LAS	ī	15. MOTHER'S MA	IDEN NAME	_MIDDLE			LA	ST			
A P P P		lames		C	Hoffn	10.0	Mary		6050	0	1/	anni	on			
INO ORA	16e. V	AS DECEASED	EVER IN U.S. ARM	VAR OR DATES)	16b. SOCIA	L SECURITY N	2	2	A	DDRESS						
BALTIMORE, S. AFTER DEA' GIVE PAGES TITH FORM PI TH F		110			215-1	54-42	78 Mary Ko	setto	tfme.	1"	Sec	13	3			
HOURS M 18. G M 18. G WIT. P. KMIT. P.	_	18 CAUSE OF	DEATH (Enter anly	y ane cause per	line far (a), (b), a	nd (c).)							ROXIMATE I	NTERVAL AND DEATH		
N ST THOU EM 19 ERMI EN AL.		PARTIDE	ATH WAS CAUSED	E CAUSE (a)	ranio-ce	erebral	injury									
PRESTON THIN 24 H TEN ITEN TEN ALON ANSIT PER AL HYGIEN REMOVAL	7	815	0	DUE TO,	OR AS A CONSE	QUENCE OF										
REA PRINCIPLE	1		s, if any, which e to immediate	(b)_												
OR TREE		cause (a) lying caus	stating the under-	DUE TO,	OR AS A CONSE	QUENCE OF										
CUTED IN P		lying caus	ic iosi.	(c)												
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WATER DEMATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITA RECORDS, 201 WE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN	PART 1 :0								
A A S A A A S A A S A S A S A S A S A S	CERTIFICATION															
SHOULD ORD "PEI NE LUSED A LUSED A LUSED A URIAL, CHIEAL, CHIE	\\ \	190 DATE OF	OPERATION	19b. CON	IDITION FOR WH	IICH OPERATI	ON WAS PERFORMED?					20 AU	JTOPSY?			
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBE TO THE CHIEF ES 3 SHOULD BE USE E DEPARTMENT OF H OI PRIOR TO BURIAL													S X	NO 🗌		
ATE WEN STEEN		21a EXTERNAL	L CAUSE WAS	21b. TIME	OF INJURY	9Y YE 80	TIC HOW INJURY OCCUR									
NO STATE OF	₹ S	CONTRIBUTIN	IG CAUSE OF D		AMM12H19		driver of a	au 60/1.	rxed or	Jecu	TIME	act				
VIS SEPTIMENTAL SE	MEDICAL	21d INJURY O		CARREA	CE OF INJURY (	AT HOME,	II. LOCATION	åummu 1	CLI Y-ORTOWN	Λ		n man	- 34	STATE		
DI THIS WARE PAGE 2120	1	AT WORK	NOT WHILE X	SUL	eec		Bentield&Robi	Inson .	Koaq An	ine A	runa	er c	O., M	a .		
ATE, ATE, DORW			y that I taak charge	af the remains	described abave,	held an	Autapsy Inspec	tian .	Inquiry	], and	in my aj	pinian				
EXAMINER: CERTIFICATE ULD BE FOR WINT THE S		death resulte	d Irang: Natura	al causes .	Accident X	Suicid	Hamicide	Undete	rmined manne		, ,					
AKY WITH ARY			6110	Des	- ( In/		TITLE (SPECIFY)									
A POST		ACTUAL SIGNATURE_	July	te 10	re pine	10	M.D. Assista		CAL EXAMINE	R	DATE	12-	20-8	0		
DE A SET OF SET	-		0								0,0,,,					
TO MEDICAL BEXECUTE THE CONTROL OF TO FUNCTION TO FUNCTION OF TO F	-	(TYPE OR PRIN	Mame Ma	rgarita	A. Kore	ell, M.	D. ADDRESS 11	L Penn	Street	,						
PA TO PA TO			ION, REMOVAL 23				ERY OR CREMATORY	23d. LO	CATION	^	COU	NTY	STA	TE		
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DHMH - 17	24 FI	JNERAL DIRECT	TOR	Anni	RESS 5011	A.tch.	c Hay BERA	TERECID. BY	REGISTRAR 2	Sh. REGIS	TRARSS	CHATU	RE			
(VR A15 ME (5) )	1	robert	5. Bar	-ranco	- Seve	enne.	BAK MO	20.0		/		/				

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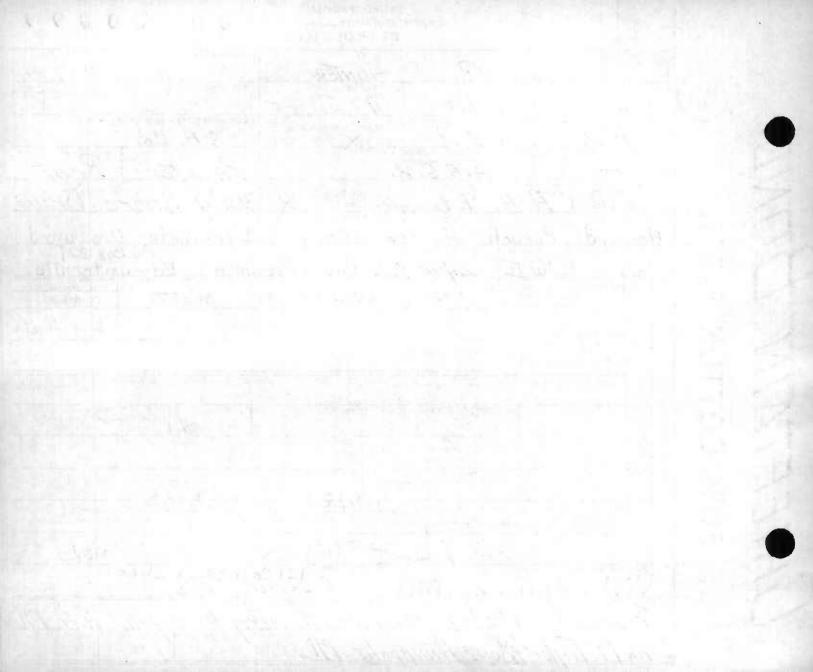
	1	FOR	DEPART	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYG	1 8 A	30096
6	11	STATE REGISTRAR	PLI ANI	CERTIFICATE OF DEATH	REG. NO.	
ath		CEASED NAME FIRST MARY	BELLO	Holt	20 DATE OF DEATH MONTH	15 1980 DOO M
. de	3. SE	X F	Black	S. DATE OF BIRTH  SOUTH DAY  YEAR  1893	& AGE (IN YEARS LAST BIRTHDAY) YRS	WE UNDER LYEAR OF UNDER 24 HRS
(M)36		RTHPLACE (STATE OR FOREIGN 7b (	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORECITY OR COUN	
by the ed with	1	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING School /19ch	126. KIND OF BUSINESS OR INDUSTRY
n 24 ho	USU	AL RESIDENCE (IF NURSING HOME OR OTHER	ER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	130. STREET ADDRESS 4641 SANDS	R-1
cuted within Sompletely filler and 2 should	14. F/	ATHER'S NAME MIDO		15 MOTHER'S MAIDEN NA		LAST,
be exected and coages 1 and the med	lée \	VAS DECEASED EVER IN U.S. ARMED		P775 Thomas C	ADDRESS 4773	HATWEED, MU
ertificat physici papers. emoval. ic even		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	Y. Varan		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath co ding bon or r		IMMEDIATE C	DUE TO, OR AS A CONSEQUE	ENCE OF C A		
that the deaby the attenue remove can e remove can to complet transition.		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR ASM CONSEQU		al & bould de	
requires i signed en pleas to burial / injury,	Z	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	SIVEN IN PART 1101
- D 1 - S	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
SICIAN ysician. certificat transit p tal Hygid Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	RED JENTER NATURE OF INJURY IN ITEM 18	
NDING PHY attending phes. After this case the burial salth and Men is marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN	COUNTY STATE
hospital or att		22a.1 certify that (I) (this hospital) saw the deceased alive an	12-14 198	, and that in (my) (aur) apinian	death accurred on the date and he	our and from the causes stated
POR BERT POR PORT PORT PORT PORT PORT PORT POR		obave, (1) (we) (did) (did nat) vi	ew the body after death.	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	22c DATE SIGNED
TO HOSPITAL retained by the P TO FUNERAL Should be detach with the State D IMPORTANT: IT		224 PHYSICHAN'S NAME ITYPE OF PRI	Phillip	mo 1340 Wen	willed, Wo	of lundoley.
Bb OT See Of See	23a.	SPECIFY)		HAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	AOUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR THE	227 Ferrest	THIN POLIS 250 DA		miles is the Breedy
	-	LOI TIULS	d 36			

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(VRA 15, 4) 1/79

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1	1.	FOR - STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	3 0	1 0 (	
	I DE	CEASED NAME FIRST	MIODLE	ī	AST			FEAR 26. HOUR	
		GEORGE	e wesle	Y I	HYDE	DECEM	BER 16, 1	980 11:46	
	3 SE	X	4 RACE	5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	DAYS HOURS MIT	
ouce		MALE	WHITE	Febru	iary 25, 1913	67	YRS.	DAYS MOOKS MI	
7 50		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUP	NTRY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEA	ATH	
O life		aryland	U.S.A.	WIDOWE		ANNE ARUN			
to Jan 4	GI	JEN BURNIE	11. NAME OF HOSPITAL, N (# NOT IN SUCH FACILITY, GIVE NORTH ARUNI	DEL HOSP		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Chauffer	WORKING LIFE) INDL	(IND OF BUSINESS OUSTRY COT Freigh	
The man and a second	13a	AL RESIDENCE (IF NUISING HOME OF	NTY 13c CITY OF Pasac	RTOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 115 Homela	nd Rd.		
medical exam	14. F/	ATHER'S NAME FIRST William	J. Hyde	ST	15. MOTHER'S MAIDEN NA FIRST Margare	ME	Ta Har	Yoe	
e l		VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRE	SS		
event, the		NO	212 0	01 6388	Dorothy Hyd	e same as 13		APPROXIMATE INTERVAL TWEEN ONSET AND DEA	
au A	CATION	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A COM			/	27.0	
any injury,	ICATION	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT		AINAL DISEASE OR CONE  20e AUTOPSY?	720b. IF YES, WERE	FINDINGS USED	
Shows any injury,	RTIFICATION	PART 2 OTHER SIGNIFICANT O	196 CONDITION FOR W	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE  20e AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO	
Item 18 shows any injury,	CERT	PART 2 OTHER SIGNIFICANT C	196 CONDITION FOR W	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE  20e AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO	
Yunijui kue swoys	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT O	196 CONDITION FOR W	G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE  20e AUTOPSY?  YES NO	20b. IF YES, WERE IN CERTIFYING C YES Y IN ITEM 18, PART 1 OR P.	FINDINGS USED AUSES OF DEATH? NO	
21 is marked or Item 18 shows any injury,	CERT	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	196 CONDITION FOR WITH HOUR A.M. MONTH P.M. 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, C	C TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OB TOW	TOB. IF YES, WERE IN CERTIFYING COUNTY IN ITEM 18. PART 1 OR P.	FINDINGS USED AUSES OF DEATH? NO  ART 2)  ART 2)  ART 2  ART 417  STATE  That (I) (we) om the couses stated	
C: If Item 21 is marked or Item 18 shows any injury,	CERT	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	196 CONDITION FOR WITH HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT MOME, STREET, FACTORY, Cotol) attended the deceased in the cotol of	C TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)  from  19  , or	NOT RELATED TO THE TERM  N WAS PERFORMED  211 HOW INJURY OCCUR  211 LOCATION STREET  214 that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OB TOW	19b. IF YES, WERE IN CERTIFYING CYES  YES  YIN ITEM 18. PART 1 OR P.  TO COUNTY OF THE	FINDINGS USED AUSES OF DEATH? NO  ART?)  ART?	
Item 21 is marked or Item 18 shows any injury,	CERT	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	C TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM, ETC.)  from  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUP  21l LOCATION STREET  21l LOCATION STREET  ATTENDING PHYSICIAN (12)  22e ADDRESS 7885	200 AUTOPSY?  YES NO CITY OF TOW  CITY OF TOW  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC  GORDON COUR	20b. IF YES, WERE IN CERTIFYING CYES  YES  YIN ITEM 18, PART 1 OR P.  TO COUNTY OF THE	FINDINGS USED AUSES OF DEATH? NO  ART 2)  ITY STATE  That (I) (we) om the couses stated  DATE SIGNED	
If Item 21 is marked or Item 18 shows any injury,	MEDICAL CERT	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	C TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM, ETC.)  from  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUP  21l LOCATION STREET  21l LOCATION STREET  ATTENDING PHYSICIAN (12)  22e ADDRESS 7885	200 AUTOPSY?  YES NO CITY OB TOW  CITY OB TOW  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WERE IN CERTIFYING CYES  YES  YIN ITEM 18, PART 1 OR P.  TO COUNTY OF THE	FINDINGS USED AUSES OF DEATH? NO ART 2)  ITY STATE  That (I) (we) I om the couses stoted DATE SIGNED	

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A A	9*		#5,6,per call w/F.H. 2/10/81 kam STATE OF MARYLAND  FOR STATE CERTIFICATE OF DEATH  REG. NO.  #5,6,per call w/F.H. 2/10/81 kam STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 1 0 1  REG. NO.
	way be	3. SE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOURS AM  ELMER PAUL S. DATE OF BIRTH 1921 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS  MONTH DAY  MON
	after deoth. Pog y the funeral dire ed within 72 haur	70 B	IRTHPLACE ISTATE OR FOREIGN  76 CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED NEVER MARRIED MARRIE
AARYLAND 2120	within 24 haurs letely filled in by d 2 should be fill miner must befire		AL RESIDENTE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE  13b. COUNTY  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS  YES NOW  ATHER'S NAME  FIRST  MIDDLE  LAST  LAST  LAST  LAST  LAST  LAST  LAST  LAST
LTIMORE, N	e be executed comp coon and comp con . Poges I an I.	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same as 1914 of 1915 of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the deoth certificate in signed by the attending physic. Then please remave corbompape to burial, cremotion, ar removal, injury, ar other traumatic event, the corporation of the corporation	NO	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
AL RECOR	n. os beer osermit. ne prior ws any i	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED YES NO YES NO YES NO
ION OF VIT	G PHYSICIAN: The attending physicial properties this certificate her this certificate the tribing properties and Mental Hygier ked ar Item 18 shared	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 2)   21c. HOW INJURY IN ITEM 18, PART 2)
DIVIS	OR ATTENDING e hospitol or of DIRECTOR: Afte tribed for use os Dept, of Heolth i Hem 21 is mort	W	WHILE AT WORK NOT WHITE AT WOR
	TO HOSPITAL Cretained by the TO FUNERAL Dishauld be detail with the State Dishapon Mandra Man		Artending Medical STAFF 12/24/80  1210 PHYSICIAN DIRECTOR PHYSICIAN 12/24/80  1210 PHYSICIAN SNAME (APECOPRINI)  ANTHONY J. CALABRESE M. 2510 RIVA Rd ANNAPOLIS
	BP	3	BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION - CITY OR TOWN  LINEAL DIRECTOR 236. DATE REGISTRARISH REGISTRAR
	(VR A 15 (4) )	10	ohn M. Taylor & Jons Annapolis, MU

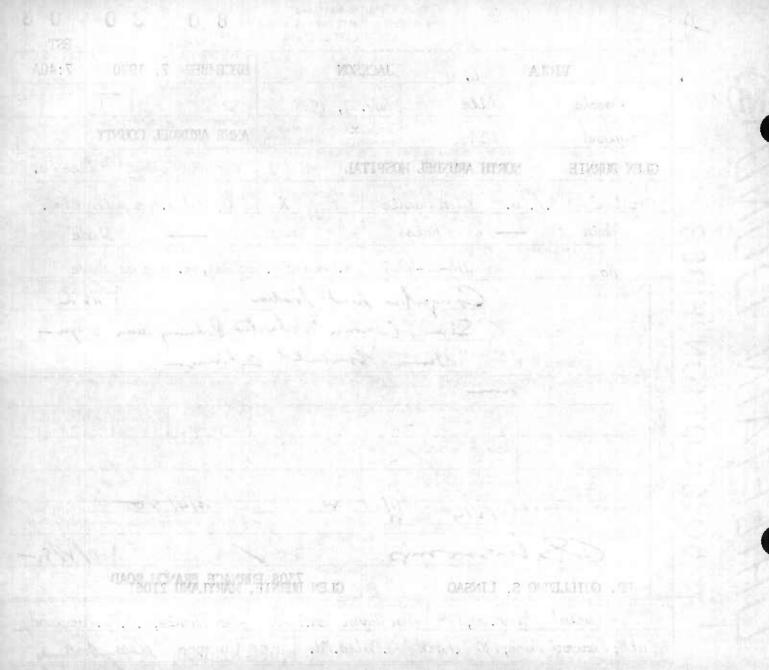
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ALTERNATION OF THE PROPERTY AND SOLD OF THE PARTY AND SOLD OF THE

4	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGII TE OF DEATH	ENE 8 0	3 0 1 0 3 EST
1 75	1. DECEASED NAME FIRS			DECEMBER 7,	10. 1100K
(M)	3. SEX Female	4. RACE S. DATE OF BIRI White Nov. 3		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
36	70. BIRTHPLACE (STATE OR FOREIGE COLINTRY)  Manyland	USA MARRIED WIDOWED	NEVER MARRIED DIVORCED	ANNE ARUNDEL	UNTY OF DEATH
Politiced	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTH NORTH ARUNDEL HOSPITAL	HER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST DE WORK  TO COME WORK	(NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY CO.
## <u>## 35</u>	Maryland A	A.(o. Glen Burnie YES	NO M		rnapolis Blvd.
ond 2.	14. FATHER'S NAME	MIDDLE Kaiss	NOTHER'S MAIDEN NAM	E MIDDLE	Shade
be exetual confidence of the medical	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF Y	S GIVE WAR OR DATES)	George H. Je	ackson, Sr. Same	e as above
requires that the death certificate signed by the attending phy. Then please remove corbonoporto buriol, cremotion, or removinjury, or other traumatic event	Conditions, if any, whise gove rise to immediate couse (a), storing the underlying couse los	DUE TO, OR AS A CONSEQUENCE OF SM	in Obstract  while C  RELATED TO THE TERMIN	2 thm	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  45 A  dinin 8 yn  N GIVEN IN PART 1(0)
N. The low re hysicion. icate has been ransit permit. Hygiene prior 18 shows any i	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHICH OPERATION WA		YES NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
NR ATTENDING PHYSICIA haspital or ottending pi INECTOR: After this certif thed for use as the burial-thed for use as the burial-therept. of Health and Mental Item 21 is marked or Item	OR CONTRIBUTING CAUSE (  OR CONTRIBUTING CAUSE (  OF EITHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK  22a.   certify that (1) (this    sow the deceased alia	F DEATH HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  OSPITOL OTTENDED THE METERS OF THE PROPERTY OF T	LOCATION STREET . 19	CITY OR TOWN	COUNTY STATE  COUNTY STATE  thou ond from the couses stoted  226. DATE SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL By should be detoo with the State DIMPORTANT. If	22d PHYSICIAN'S NAME (  DR. GUILLE  23a BURIAL, CREMATION, REMO	MO S. LINSAO	GLEN BURNIE	URNACE BRANCH , MARYLAND ZI	ROAD DELLA
BP DHMH-16 30M 2/80 (VRA 15, 4)	(SPECIFY) Burial 24 FUNERAL DIRECTOR	Dec. 10, 1980 Glen Haven Home, 130 E. Forte Ave. Balto	Mem. Park	Gler Burnie,	A.A. O. Maryland  GISTRAR'S SIGNATURE



3	1	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.	0 1 0 4
ofter death. Page men the funeral director, page 3 and within 72 hours after death	3 SE 70. B	IRTHPLACE ISTATE OR FOREIGN ARYLAND ITY OR TOWN OF DEATH EVERNA BEK MO	INGTON  A RACE  S. DATE OF BIRTH  MONTH  DAY  YEAR  OS  OS  OS  OS  OS  OS  OS  OS  OS  O	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
executed within 24 ho ond completely filled it oges 1 and 2 should be edical examiner must b	13o.	TATE 136 COUNTY THE STATE 136	MIDDLE  JACKS ON  MED FORCES?  166 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS	123 HARRIS
201 W. PRESTON ST., BALTIN es that the death certificate be ned by the ottending physician please remove carbonpapers. P urial, cremotion, or removal. , or other traumotic event, the m		18. CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	nly one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Mull  Mull
OIVISION OF VITAL RECORDS,  OR ATTENDING PHYSICIAN: The low requir he hospital or ottending physician.  DIRECTOR: After this certificate has been signorched for use as the burnol-transit permit. Then bept, of Health and Mental Hygiene prior to b. If Item 21 is marked or Item 18 shows any injury	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COCCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hospit	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. IF YES, IN CERTIFY YES NO YES  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  CITY OR TOWN  110) RITE/ded the deceosed from 190.	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
TO HOSPITAL retoined by the TO FUNERAL should be dere with the Store IMPORTANT: H	23a B	22d, PHYSICIAN'S NAME (TYPE OF BURIAL, CREMATION, REMOVAL UNITAL	PRINT)  120 ADDRESS  121 ADDRESS  123 ADDRESS  124 ADDRESS  125 ADDRESS  125 ADDRESS  126 ADDRESS  127 ADDRESS  128 ADDRES	CENWA DANK  OUNTY ETTERS  STATE  A. Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F W I	UNERALDIRECTOR LITAM REESE & S	Annon 1 - 167 250, DATE REC'D, BY REGISTRAR 25b, REGISTR	

THE REAL ROOM OF THE PROPERTY OF THE PARTY O AMELIA DELLA  T. 2. T. FITTON MOT: A vev. a de ala ALLE DE LA COLLEGE ייס דין וייניין וייס מידיניי Cities of the in United hour of the war to the sac RASANT F. MINDEUMI, M.D. כו בא מומצידה אימציו לאש הזכנים

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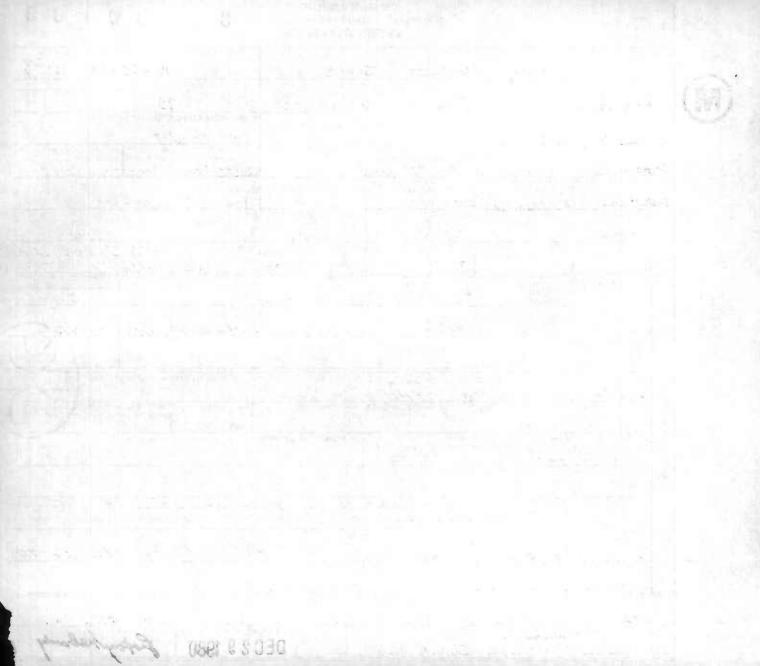
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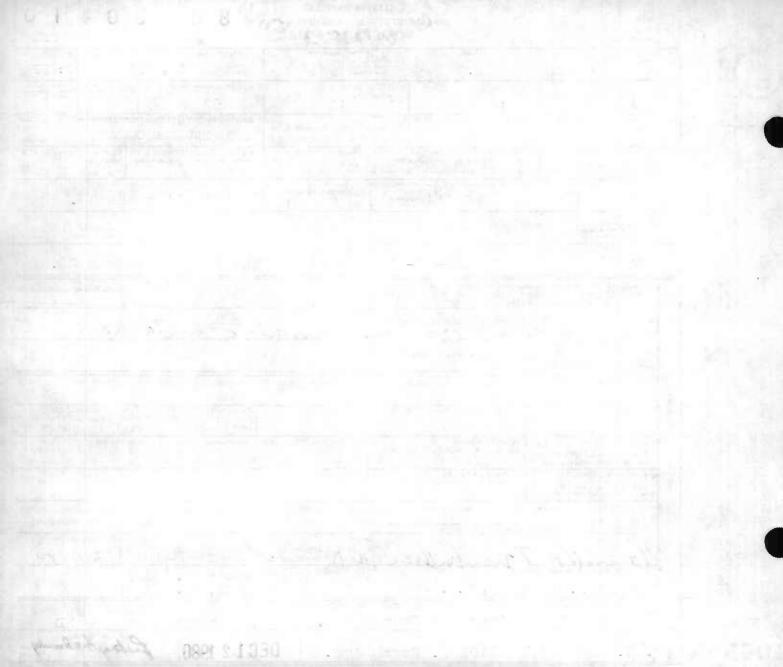
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1 \		FOR		DEP ARTMEN	STATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8 ()	30107
	1.	STATE REGISTRAR			RTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST		WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay be bage 3 death	(TYPE	ORPRINT) Jai	nes	A	Tones	/3	21 80 11 30
may pag	3. SE		4 RACE	5. (	DATE OF BIRTH 2/ PEAR 7	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS N
ge 4	. 17	M	BIC	ROK	10 OF ER	773 YR	s.
100		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	ARRIED KNEVER MARRIED	9. BALTIMORE CITY OR COUN	
de de		ARYLAND	U.S.A		DOWED DIVORCED	ANNE ARUNDEL C	
s offer		ITY OR TOWN OF DEATH			ERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
24 hau illed in uld be must be		AL RESIDENCE IF NURSING HOME STATE ARYLAND	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5041 Solomons	Island Road
ithin 2 sha	14. F/	ATHER'S NAME			15. MOTHER'S MAIDEN N	AME	
d will		JOSEPH	MIDDLE	JONES	MAMIE	WIDDLE	PEELE LAST
and con ages 1 a	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY			hian, Md.
Pag med		NO OR UNKNOWN)   IF YES, C	SIVE WAR OR DATES)	213-05-00	16A LENA REBEC	CA JONES 5041 So	lomons Island
rtificate b 1 physicia 2n papers. event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause pe	er line far (a), (b), and (c)	)	eTion	APPROXIMATE INTERVA BETWEEN ONSET AND DE
at the death construction of the attending seremantian, arrestruction, arrestruction, arrestruction of the attenuation of the a		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	(0)	OR AS A CONSEQUENCE		RDio VASCUL M	- DIRECTE
quires this signed E	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART I (a)
been mit.	CERTIFICATION	19a. DATE OF OPERATION	19b CONE	DITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
N. The lo hysician. icate has ransit per Hygiene. 18 shaws	E T	2)a. ACCIDENT WAS UNDERLYING	211 7145	OF INJURY	1214 HOW INTURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	YES NO
SICIAN: T ag physici certificate rial-transi ental Hygi		OR CONTRIBUTING CAUSE OF E	EATH HOUR A	A.M. MONTH DAY	YEAR	TENTER NATURE OF INJURY IN HEM	18 PART ( ORPART 2)
HYSICIA nding ph his certifi burial-ti d Mental or Item	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMIN		P.M. OF INJURY	21f. LOCATION		
	¥	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE, FARM,	STREET	CITY OR TOWN	COUNTY STAT
DING Plant of After the se as the marked		22a.l certify that (I) (thus has	pital) attended t	he deceased from	0/18 19.7	4 to 12/11	, 19 00 , that (I) (we
Pitel Pitel TOR for us		saw the deceased alive of obove, (1) (we) (did) (did)	12/	15 19	and that in (my) (em) opinió	n death occurred on the date and	
OR A DIREC DIREC Dept.		274 SIGNATURE	A TOUR	)	DEGREE		22c. DATE SIGNED
0 8 0 90 =		Anall c	- 16	vane	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/22/
H Paris		220 PHYSICIAN'S NAME ITYPH	ORPRINTY	NE M	) . 13 4 sween	NICE ROAD	2018/
or or show with		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STAT
BP	_	ÜRÏAL	12-24		CHURCH CEMETE	RY Owensville	A.A. Marvlan
DHMH-16 30M 2/B0 (VRA 15, 4)		UNERAL DIRECTOR LLTAM REESE &	SONS MO	Annapolis RTUARY, P.A	Md. 250 2	ATE REC'D. BY REGISTRAR 25b. RE	STDARSSILLA

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	TYPE OR PRINT)	7 17 12	JOHN		A	llan		7	ORDAI	. 7		OF DEA	ESTI-		12		1980	
1.8	EX	4. RA		5. DATE OF	BIRTH		6. AGE (IN Y	ARS IF UN	DER 1 YR	. IF UNDE	R 24 HRS	. 2c. D/	ATE		NONTH	DAY	YEAR	2d. HOUR 7:23
1 m	ale		white	5/22	196	YEAR	LAST BIRTHE		HS DAYS	HOURS	MIN	PRONC	UNCED		12	18	1980	7:23 am
70.	BIRTHPLACE	(STATE OR		7b. CITIZEN	OF WHA	TCOUN	TRY?	B. MARR	IED 🗌 N	IEVER MAR	RIED X	9. BAL	IMORE C	ITY OR	COUNT		DEATH	
1	Maryl	and		USA WIDOWED DIVORCED Anne Arund														
10.	CITY OR TO			IN TOI	I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS)  Anne Arundel General Hosp. (DOA)  Ludent										WORK	OR INDUSTRY		
US		apoli			THER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS												chool	
130.	STATE.		ITH COUNT	timore		OC	OR TOWN Reysvi	lle	13d. INSIDE	CITY LIMITS?	130-51	REET ADI	eress ines	tone	Va	Llei	y Dri	ve
14.	FATHER'S N	AME		MIDDLE			LAST			HER'S MAI		/E	MIDDLE					
1	Raymo		R IN U.S. ARM	dam	2 1	1	dan	V NO	17. INFO	Se		/	Marie	RESS		Sti	ivers	1
100	(YES, NO, OR UI	NKNOMN)	(IF YES, GIVE V	VAR OR DATES)	),		-90-55			. Ray	mond	A. ;			Sam	e a	s #13	}
	18. CAUS	SE OF DEA	TH (Enter anl	y ane cause				131								BETV	PPROXIMATE WEEN ONSET	INTERVAL
		10	MMEDIAT	E CAUSE (a)	-		mono		into	xicat	ion				14			
	Can	ditions, if	any, which	DUE	IO, OR AS	ACON	ISEQUENCE	OF										
-			immediate ig the under-	(b)		A CON	ISEQUENCE	OF										
	lying	cause last	1.	(c)														
		HER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING T	O OEATH BUT	NOT RELA	TED TO THE TER	WINAL OISEAS	E OR CONOIT	ION GIVEN IN	PART 1 (a).							
CERTIFICATION	10- DAT	E OF OPER	ATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?														
FICA	INC. DATE	LOFORER	ATION											AUTOPSY?				
EBE	21a. EXTE	RNAL CAL	JSE WAS		IME OF IN			21c. H	OW INJUI	RY OCCUR	RED (ENTER	R NATURE O	F INJURY IN IT	EM 1B PAR1	T I OR PA		YES 🔀	NO 🗌
N I	UNDERLY	ING BUTING	OR CAUSE OF D	EATH HOL	P.M.	40NTH	DAY YEA	0 In	hale	d fum	es fr	om a	uto.					
MEDICAL	21d. 1NJÜ	RY OCCU		21e F	PLACE OF	INJURY	(AT HOME,	211 LC	CATION				TOWN		CO.	UNTY		STATE
13	WHILE AT WOR	K AT V	TWHILE K	3	gara					Gree	n Dr.	CH I OI	. 100	, Anı	-		ide1	Md.
	22 a 1	certify that	I taak charge	e af the remo	ains descril	bed aba	ive, held an	Autop	sy X,	Inspect	ian .	Inqu	iry .	and in	n my ap	oinian		
1	death re	esulted fra	m: Nature	al causes	], A	ccident	K, S	icide	, Han	nicide 🗌	-Unde	etermined	manner	X -				
	ACTUAL		DOMA	2	LN	~	~			(SPECIFY)					DATE	1.0	10	0.0
1	SIGNATI		XIV	V. V	1	0	-		I.D. As:	sista	nt_me	DICALEX	AMINER		SIGNE	D_12	2-18-	80
3	(TYPE OF		4. AX	nn M.	Bixo				ADDRESS		1 Per							
230	(SPECIFY)	0.	REMOVAL 2	1 2/22	180		NAME OF CE	-			CIT	OCATIO Y OR TOWN		M	COU			ATE
24	FUNERAL D	DUTLO	24	12/22/	Bala	<i>L.O.</i>	Md.,		R ( 6	250. DAT	E'REC'D E	Y REGIS			LAR'S	IGNAT		
	MoCUL	lu Fu	neral	Home	237	8.9	ataps	co Av	e	DEC	24	1980		والكوافيا	7/	ch	worly	
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						STATE OF	MARYLAND					
		FOR STATE					H AND MENTAL		0	3 0		
l		REGISTRAR		MEI		AINER'S	CERTIFICATE	OF DEATH	REG. NO	D.		
ĺ		EASED NAME	FIRST	H 3-2	MIDDLE		LAST	2a. DA	E KNOWN	MONTH	DAY YEAR	Zb. HOUR
l			ANTY	4014	J.	K	Apel A	, Jr. DEA	TH MATED	12 .	2 ~ 1950	BN
I	3. SEX		RACE	5. DATE OF BIRTH		(IN YEARS IF L			ATE	MONTH	DAY YEAR	2d. HOUR
ŀ		M	w	\$ 23	47 53	YRS.	THS DAYS HOURS		DUNCED	12 7	22180	AM
ĺ	7a. BI	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MAR	RIED NEVER MAR	PIED 9. BAL	IMORE CITY C			
		Delawa	re	U.S.			WED DIVOR		2000			MD
I	10. CI	Y OR TOWN O	F DEATH	11. NAME OF HOS	PITAL, NURSING H	OME, OR OT	HER INSTITUTION	120 USUAL OC	CUPATION (TYPE	E OF WORK	12b. KIND OF BU OR INDUST	
ı	9/	e Boni	UR	Mach.	privale	1. La	erito L		sman	- 1	Car	
Ì	SUA	RESIDENCE (I	IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE AL		13d. INSIDE CITY LIMITS?				Car	
l	100.0	M		HA	Glen B		YES NO [	_	oll Pak	Cour	~ <del>-</del> -	
İ	14. FA	THER'S NAME				ariire_	15. MOTHER'S MAIL			Сопт		
		KNAY A	nthony	J.	Kapela,	Sr.	FIRST		MIDDLE		ŁAST	
Ì	16a. W	AS DECEASED	EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SEC		17 INFORMANT		ADDRESS			
		s, no, or unknow	N) (IF YES, GIV	WWII	222-14	2576	100000					
			DEATH (Enter o	inly ane cause per line	222-14		-	4			T APPEOXIMAT	E INTERVAL
l		PARTIDEA	TH WAS CAUSE	ED BY:	idi (d), (d), did (c)	1	4 /1				SETWEEN ONSE	T AND DEATH
l		1114	G IMMEDIA	ATE CAUSE (a)	AS A CONSEQUE	y Ce	sleny le	sen-	_	/	Drug	tu -
ı		Canditians	, if any, which		AS A CONSEQUE	YEE OF						
ı		gave rise	ta immediate	e (b)	0							
l		lying cause		DUE TO, OR	AS A CONSEQUEN	NCE OF						
I		BART & REVIEW COOK		(c)							<u></u>	
ı	z	PAKI Z DINEK SIGN	IFICANT CONDITION	S CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE	TERMINAL DISEA	SE DR CONDITION GIVEN IN I	PART 1 (a).				
ł	CERTIFICATION	19a. DATE OF C	DEPATION	Tim count	ION FOR WHITE	2000 4710 111	DEPE COLLEGE					
ı	ICA	ING. DAIL OF	FERATION	IVE. CONDII	ION FOR WHICH C	SPERATION V	WAS PERFORMED?				20 AUTOPSY	?
l	RTI	21g. EXTERNAL	CALISE VALAS	21h TIME OF	IN LIN LINY	Ya					YES 🗌	NO
l		UNDERLYING	OR	21b. TIME OF HOUR A.M.	MONTH DAY	YEAR 21c. F	10W INJURY OCCURE	RED (ENTER NATURE O	FINJURY IN ITEM 18 F	PART 1 OR PAR	T 2)	
l	CA		G CAUSE OF		19							
l	MEDICAL	21d INJURY OC	CURRED	STREET FACTO	OF INJURY (AT HOADRY, FARM, ETC.)	AE, 21f. LC	DCATION STREET	CITY OF	TOWN	cou	INTY	STATE
		WHILE AT WORK	AT WORK			V						-1016
ı				rge of the remains desc	ribed above held	an Auto	psy , Inspecti	on . Ingu		d in my api	inian	
l		death resulted		wol causes	Accident .	Suicide _	Hamicide	Undetermined		o in my opi	inion	
ı		ocam resumes	6/1	yarcaosas LLI,	Accident	Joicide L.		Ondetermined	manner,			
l	16	ACTUAL	2//	Sauch	·m		TITLE (SPECIFY)	c"		DATE	12. 22	(fr)
1		SIGNATURE	2/-	Marie		/	M.D. PLEPIUT	MEDICAL EX	AMINER	SIGNED		700
1		EXAMINER'S N		Luchorn	1/2		ADDRESS /	ned.	1 2 he	2		
1	73a Bi		ON, REMOVAL	73h DATE	73, NIAME OF	CEMETERY	_ADDRESSOR CREMATORY	238 LOCATIO	1			
	(5)	ECIFY)			ZSC. NAME OF	CEMETERT	OR CREMATORT	CITY OR TOWN	Stationary	COUN	TY S1	TATE
1	24. FL	NERAL DIRECT		12/22/80			125e DATE	RES'D BY REGIS	RAR 256 REGA	STRAP'S ST	GNATURE	
		NAME		ADDRESS			, OF	C 2 6 1981	July 1	1000	7	
		Anatomy	Board	Balt	o., Md.						45	

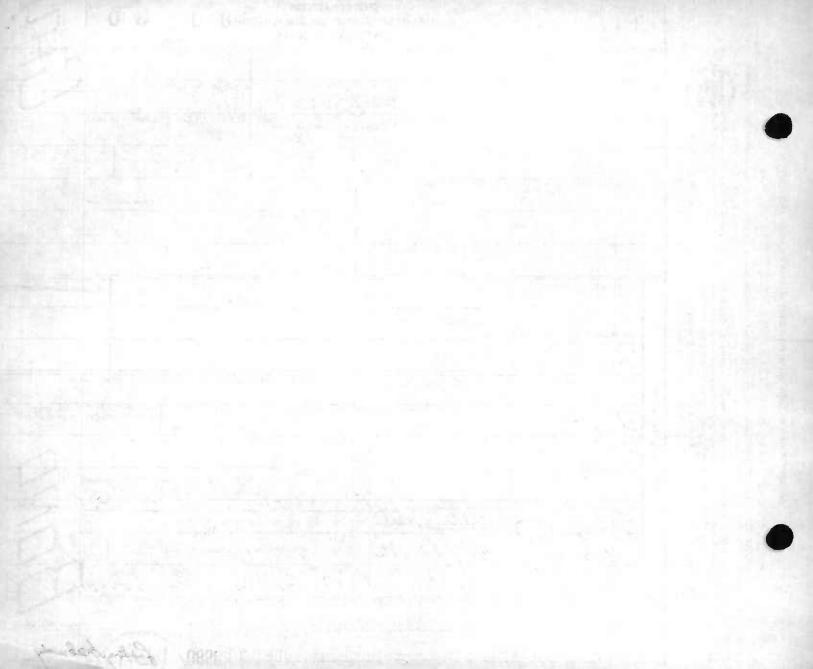
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15M 2/80

STATE OF MARYLAND

3992 . 12 12 6 590 Lama Apander County Note that the state of the stat THE RESERVE TO SERVE THE PARTY OF THE PARTY minimum Lavelen sure Countries. 12-12-60 results in b. It.

10	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYC	REG. N	<b>3 0</b> 1	
1 ne		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH		AR 26. HOUR
		Charle	s Anthony Keho			Dec 29,19		М
( [ [ ] ] )	3. SE		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
1 220		Male	White		e 11,1902 YEAR	78	YRS.	
1 12 1 y		IRTHPLACE ISTATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEAT	н
1 1 2/		Illinois	USA	WIDOWE	DIVORCED	AACo		MD.
on after the filed with	Mi]	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I UF NOT IN SUCH FACILITY, GN 860 Millers V	ve street address) ville Rd.	DR <sup>®</sup> OTHER INSTITUTION	170. USUAL OCCUPAT (Type of work for most of Machinist	ION DF WORKING LIFE) INDUS	ND OF BUSINESS OR
filled in rould be most be	13a S	AL RESIDENCE (IF NURSING HOM STATE 13b. CO	e or other institution, give residen DUNTY 131, CITY C AACO MILL	CE BEFORE ADMISSION) OR TOWN .ersville	134 INSIDE CITY LIMITS?	860 Miller	sville Rd.	
E, MARYLA completely is 1 and 2 sh		ATHER'S NAME LMOTHY	MIDDLE Kehoe	AST	is mother's maiden na Elizabe th	MIDDLE	O'Nei	1'15'
BALTIMORE, cote be execut cote be execut opers. Poges 1 wol. nt, the medicol	16a. V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, YES	CRE WAR OR DATECT	NL SECURITY NO. 19-1950	John Kehoe	# 13	ESS	
301 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon urial, cremation, or remo	NOI	Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause lost.	DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM	NSEQUENCE OF	OF POST A			PROXIMATE INTERVAL  MEEN ONSE! AND DEATH
AL RECORDS, on. hos been sig hos bermit. Then ene prior to b ows ony injury	CERTIFICATION	12/80	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
DIVISION OF VITAL RI NG PHYSICIAN: The lo ottending physicion. fter this certificate hos as the buriol-transit per th and Mental Hygiene hand Mental Hygiene	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MONT	19	214. HOW INJURY OCCUR 214 LOCATION STREET	77	RY IN ITEM 18, PART 1 OR PAR	N 2)
IVISION OFFER THE STREET THE STREET THE STREET THE STREET THE STREET THE STREET	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	1	2 .7/	and Cooking	SIAIE
TTENDII pitol or TOR: A for use of Heoli		sow the deceased olive obs = 11 (w) (did)(did	ospital) attended the deceased on d not) view the body after death	19 8/10.00	nd that in (my) (our) opinion	death occurred on the d		
OR bep		22d. PHYSICIAN'S NAME (TV	ma //	m	ATTENDING PHYSICIAN [	MEDICAL STA	FF /	DATESIGNED 80
TO HOSPITAL retained by the TO FUNERAL should be deficable the State with the State IMPORTANT: I		MAHATI	B) who	W. M.	703610k	lings fac,	Connep	ols My
	23a. (	BURIAL, CREMATION, REMOV SPECIFY) Burial	/AL 23h. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
PUMIL 14 (OU ) 75		UNERAL DIRECTOR		St. Pau	1s Cemetery	Odell TE REC'D. BY REGISTRAR		llinois
DHMH-16 60M 1/73 (VR A 15 (4))		NAME	Ridgely Ave, An					Bredy



1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	3 0 1	1 4
	DECEASED NAME FIRST  YPE OR PRINT) Melvin	Henry	Keil, Sr.	December 120. Date of Death	er 8, 1980 26	. HOUR
3. 5	Male	4. RACE White	March 10 1913	6. AGE (IN YEARS LAST BIRT		UNOER 24 HRS
931 To.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED XX NEVER MARRIED WIDOWED DIVORCED	_	Arundel Co.	
notified 10	Pasadena	LIF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATE (TYPE OF WORK FOR MOSTO) Gament C	RETURNED 126. KIND OF B INDUSTRY Utter Cloth	
N N	a STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13t. CITY OR TOW EARUNGE PASAC MIDDLE LAST Keil	lena 13d INSIDE CITY LIMITS? YES NO 18X  15. MOTHER'S MAIDEN N	MIDDLE	h Avenue Lew	is
aedicol 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRE	SS Same as #	13
her troumatic event, the	Conditions, if any, which gove rise to immediate couse (a), stating the	ATE CAUSE (a)	noma tro	state ors's	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
3 shows any injury, or of	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES, WERE FINDING	
Shows	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	YES NO		NO []

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on. sow the deceased alive or above, (1) (well (did) (did) and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS

DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DEC'80

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem

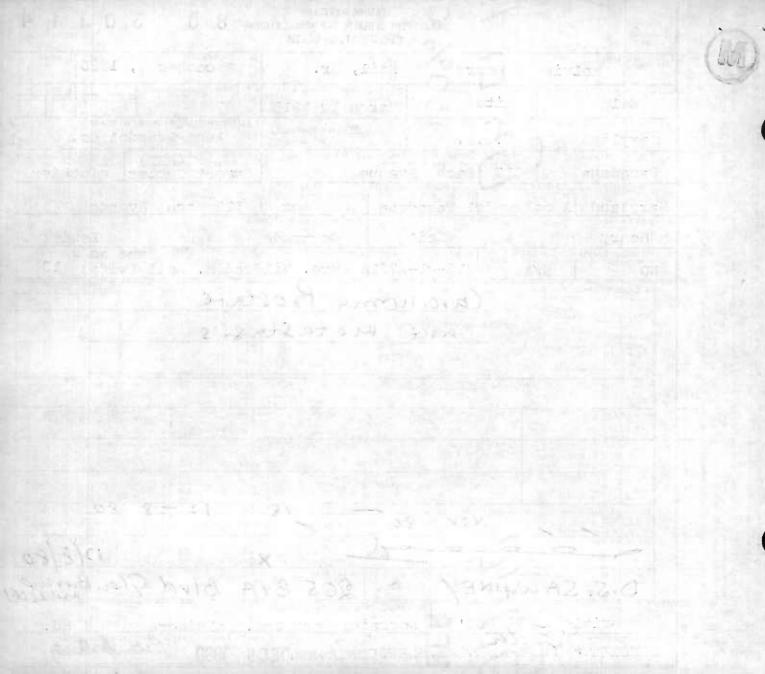
23d. LOCATION

COUNTY

STATE Md

Baltimore BY REGISTRAR 25

FUNERAL HOME, GLENBURNIE, MD



0 6 1 8 Annual Service seed the control of t Test the state of the contract Section to some advantage of the contract of the section of the se 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

0 1 1 0 6 4 6 4 6 A TOTAL CONTRACTOR OF THE STATE 38 4931 2 20 34.4 Ven Trees us A la K Hounder Print 18 16 State Sandel Gette 185 - FOR ENDIELL Fig. 1979. Elegentice I X 163 Est aprelle De. HUMPS B. Southern HATHE LINE BIRDEN Construt information = 23 days Hypertension - many poet 24M4 80 17M2 80-Charles W. Finner M. C. . . X Charles W KINZER Annachlis, Maryland Scenny was to be better the sense I hall the lives the country with the her state of the heart from the

			SIAI	E OF MARYLAND	499. 373	On a	en 8	di sera
1	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	EALTH AND MENTAL HYO	GIENE 8 0	3	0   E.S	5.T.
	PECEASED NAME FIRST NORA	Doris	KEND	ALL	20. DATE OF DEATH DECEMBER	MONTH DA		26 HOUR L2:55 <sup>A</sup> ·M
3 SE	Female	4 RACE White	S. DATE C	18, 1896 AR	6 AGE (IN YEARS LAST BIR	THDAY) IF MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Manyland	16 CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWE		9 BALTIMORE CITY OF			MD.
4	GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUNDEI	L HOSPI	TAL	120 USUAL OCCUPATION OF COMMENTS OF WORK FOR MOST COMMENTS.	OF WORKING LIFE)	INDUSTRY	ring
Me	anyland Anne	NTY 13c. CITY OR TO Pasac	NWO	13d. INSIDE CITY LIMITS? YES NO 🔀	13 STREET ADDRESS	Rd.		21122
4	Joseph /	Middle Harpe		Dolly	Esteli	le	Vaug	hn
160	WAS DECEASED EVER IN U.S. AR {YES NO OR UNKNOWN] {IF YES, GI	RMED FORCES? WE WAR OR DATES! 215-07-		Catherine L.	Ray 8420 Sp	oring R	d. , Paso	21122 2 <b>dena,</b> Mo
	PART I. DEATH WAS CAUSE	nly one couse per limited by the ED BY:  ITE CAUSE (b)  DUE TO, OR AS 400N # G	WENCE OF	yocardial	Infac)	ha	BET WEEN OF	NATE INTERVAL NSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)	1
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
MEDICAL CER	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINED  21d. INJURY OCCURRED	R) P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC ]	211 LOCATION STREET	CITY OR TO	WH	COUNTY	STATE
	sow the deceased plive on	ital) attended the deceased from	_ BO, or	d thoria (my) (our) opinion DIGREE ATTENDING	death occurred on the do		nd from the co	
	22d PHYSICIAN'S NAME (TYPE C ELLIOTT GORBA			PHYSICIAN E	DAKWOOD ROAD JRNIE, MARYL	, SUIT	E 203 1061	0)/80
	BURIAL, CREMATION, REMOVAL (SPECIFY Burial	10/0/1000	Lorrain		23d. LOCATION CITY OR TOWN		ilto.	Md.
24. F	UNERAL DIRECTOR	10/0/1000	Lorrain	emetery or crematory  e Pk. (emeter)  1122 256 DA	23d. LOCATION	B	Uto.	TU

tion in the second second to the second seco Y of the later of printing to the sections of the section of the sect aughed constitued readon x 'll comin 12 2000 seed in fances solls solls bushells --- 15-17-1 23 whenthe L. or Sectioning Me, Belley, swind 12/9/150 comming its making with a withing ind weight with the last record, the signed by the offending physicion and co

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	1.	FOR - STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8	O REG. NO	3	0	1	1	8
	1. DE (TYPE	CEASED NAME OR PRINT) LO1	FIRST		cetta		YES		20 DATE OF	cemb			980	26. HOL	JR M
	3. SE	x female	9	4 RACE whi	ite	S. DATE C	y 1 pay	1892	6 AGE (INYE	ARS LAST BIRTI	HDAY)	MONTHS	R 1 YEAR DAYS	IF UNDER	24 HRS MIN.
35	С	RTHPLACE (STATE OR FO		76 CITIZEN OF USA	WHAT COUNTRY?			MARRIED	9. BALTIMOI An	ne A	_				MD.
Political Control	G	len Burn:	ie	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET Orth Aru	ADDRESS)			12s. USUAL C (TYPE OF WORK Wal			IFE) IND	KIND OF		ESS OR
and See	130. 3	AL RESIDENCE FIF NURS	136 COUN	TY	Give residence before Glen Bu	N . I	YES 🗌	NO EXX	13e SIREEL A	Bal	t. A	nna	po1	is 1	Blvd
20	14. FA	Joseph	٨	AIDDLE	Beurrie	er		s maiden nam larguer		MIDDLE			Ha'e'		
medicol		vas deceased ever yes, no or unknown) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	216/01/		Mr •		R. K	ADDRE eyes		(so		1110	e,ML
r other troumotic event, I		PART I. DEATH W  Conditions, if ony, gave rise to imm couse (o), stotin underlying couse	which nediote g the	DUE TO, OI	R AS A CONSEQUE	NCE OF						86	APPROXIMEN O	NSET AND	DÊÀTH
injury, a	NOI	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE	OR CONE	DITION GI	VEN IN P	ART 1(a	}	
no sou	CERTIFICATION	19a DATE OF OPERAT	NOI	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20e AUTO	PSY?		S, WERE IFYING C ES []			H?
18 s	MEDICAL CEI	? To ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	P./	m. month da m.	Y YEAR		NJURY OCCURR	ED (ENTER NAT	URE OF INJUR	Y IN ITEM 18,	PART 1 OR F	'ART 2)		
orked or	MED	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	TILE [	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATI	ON	11	CITY OR TOW	/N	cour	NTY	\$1	TATE
If Nem 21 is morked		abave, (I)(we) (c	d olive on.	Willem	W4 4 19			, 19	eoth occurred	on the da	ite and ho	. ,		hat () (v	
		Hor	line	h. I	Vailey		M		MEDICAL DIRECTOR [	STAF PHYSIC		220	DATES	1918	0
MPORTANT		sow the decessed clive obave, (1) we) (did) (did) (did) (27b. SIGNATURE 22d. PHYSICIAN'S NAME (1)		1. DAI	144		22e ADDRE	ASADEN	SATU	DUA Z	2112:	2	K	D	96

CYCHEFF FIMEVER OF

BP.

TO HOSPITAL

ATTENDING PHYSICIAN: The

etoined by the hospital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

BURNIE, MDDEC 3 0 1980 24 FUNERAL DIRECTOR FUNERAL HOME, GLEN

30° bec. 80

230. BURIAL CREMATION, REMOVAL

MDATE

23d CALAN Burnie cou AA

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And the least of t	Serve of Building	
To the course of		
	Carlotte Marie Walley	
	A VARIO DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE	
the state of the s		

6	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND ' IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	O REG. NO.	3 (	)	l 9 EST
')		CEASED NAME	FIRST	M	DDLE	i i	AST	20. DATE O	F DEATH MONT	TH DAY	YEAR	2b HOUR
		- OK PRINT!	<b>JAMES</b>	S	TEWART	K	EYSER		DECEMBE	R 15,	1980	1:15P M
1	3. SE	х	4. RA	CE		S. DATE C		6. AGE (IN)	YEARS LAST BIRTHDAY	) IF U	NDER I YEAR	IF UNDER 24 HRS
1		Male		Whi	te	Dec			72	YRS	HS DAYS	HOURS MIN.
30	70. B	IRTHPLACE (STATE OR I	FOREIGN 76. CI	TIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	ORE CITY OR CO	UNTY OF	DEATH	
وق	В	alto., Mo		U.	S.A.	WIDOWE			ARUNDEL	COUN	TY	MD
P Jied	10 C	ITY OR TOWN OF DEA			OSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION EK FOR MOST OF WOR	KING HEEL	2b. KIND O NDUSTRY	F BUSINESS OR
40	_	LEN BURNIE	ı	NORTH	ARUNDEL	HOSP1	TAL	Sal	lesman		Lau	ndry
and S	USU. 130. S	AL RESIDENCE (IF NURS STATE Md •	13b COUNTY  A • A		Seve	/N	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS B1 Ever	gree	n Ro	ad
mine	14. FA	ATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE		241	T
\$320		Barrie			Keys	ser	Emma				Pe	ters
dicol		VAS DECEASED EVER	IN U.S. ARMED F	OR DATES)	166 SOCIAL SECL			ughter		S	ame	as # 1
a a		No N/			216.03	.5524	Mrs. Jo	yce M.	. Marti	nek		
other troumotic event, t		gove rise to imm couse (a), statin	'AS CAUSED BY:  IMMEDIATE CAU  which frediote g the D	USE (o) OUE TO, OR	/ 1	ENCE OF	na g the netastan	hny i an	und ul m	bon	BETWEEN	MATE INTERVAL ONSET AND DEATH
٥, ٧		PART 2. OTHER SIGN	NIFICANT COND	ITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	MINAL DISEAS	E OR CONDITIO	N GIVEN I	N PART 1(c	) 1
inje	TO		Cirle	nos	clust	2 6	bullows	anken	anse	**		
2 out	CERTIFICATION	119a. DATE OF OPERAT	TION	9b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES	NO P	. IF YES, WI CERTIFYING YES		IGS USED OF DEATH? NO [
tem 18 st		OR CONTRIBUTING	CAUSE OF DEATH	Ib. TIME OF HOUR A.M P.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCU	PRED (ENTER NA	ATURE OF INJURY IN IT	TEM 18, PART 1	OR PART 2)	
rked or 1	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK NOW	ILE [	IE. PLACE O AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	FARM, ETC )	211. LOCATION STREET		CITY OF TOWN		COUNTY	STATE
21 is mo		sow the deceose	ed olive on		19		nd that in (my) (our) apinio	n deoth occurre	ed on the dote o	nd hour one		that (I) (we) last couses stated
ANT: If Item 21		22b. SIGNATURE	ACIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER)  IN JURY OCCURRED  LE NOT WHILE AT WORK  A certify that (1) (this hospital) of course of obove, (1) (we) (did) (did not) vie	ruh	iter	m	ATTENDING PHYSICIAN  1226 ADDRESS	DIRECTOR	STAFF PHYSICIAN		22c. DATE	SIGNED 15-/82
MPORTANT				ERO, M	1.D.		325 HOSPITA	AL DRIVE	E,GLEN B	URNIE	,MARY	LAND,

DHMH-16 30M 2/80

TO FUNERAL DIRECTOR: should be detoched for with the State Dept. of

ould be filed

ned by the attending physician

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Buria1 18; Dec. 80

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE

Glen. Glen Burnie RALDIRECTOR A. Hopking Singleton Funeral 24 FUNERAL DIRECTOR Home

a SAS CALLES

JOSE M. PRESBITERO, M.D.

325 HOSPITAL DRIVE GLEN FURNIE, KARYLAND.

MORTH ARWORL MOSELLAL

GLEV BURNIE

ANVE ARENDEL COUNTY

DCCARER 15,1980 1:15P

	REGISTRAR DECEASED NAA	AE FIRST	MED	MICAL EXAMINER'S	ERTIFICATE OF	20. DATE KNOWN		YEAR 26. HOU
2 H	(TYPE OR PRINT)	Daniel	. S	tephen	Kiddon	OF ESTI-		4 19 80
	male	4. RACE White	July 13	, 48 32 YRS.	DER 1 YR. IF UNDER 24	PRONOUNCED DEAD	11 2	4 19 80 1:5
3	dria-	Alexan Va.	U.S.	A . MARR		Anne Aruno	del Cou	nty
G	city or town	nie	North	TTAL, NURSING HOME, OR OTH NUTY, GIVE STREET ADDRESS) Arundel Hospita	1	Lab. Tech.		or industry  Med.Res.
130	SUAL RESIDENCE STATE MD .	(IF IN NURSING HOMES)	R OTHER INSTITUTION, GIVE TY $A \cdot A \cdot$	RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN Glen Burnie	13d. INSIDE CITY LIMITS? 13	s street address G 51 Glen Ri		
1	FATHER'S NAM PIRST Dan	iel	WIDDLE	Kiddon	15. MOTHER'S MAIDEN	NAME MIDDLE E	]	Marshall
1	e. WAS DÉCEASI (YES, NO, OR UNKN YES		WAR OR DATES)	166. SOCIAL SECURITY NO. 218.54.7661	Mrs. Lie	n Chao Kidd	same on (W	as # 13 Vife)
	gave recouse (couse (co	ons, if ony, which rise to immediate a) stating the <u>under-use lost.</u>	(b) DUE TO, OR A	It iple drug int AS A CONSEQUENCE OF  UT NOT RELATED TO THE TERMINAL DISEAS		(0)		
7	19a. DATE O	FOPERATION	196 CONDITE	on for which operation w	AS PERFORMED?		2	YES X NO
43		AL CAUSE WAS G OR ING CAUSE OF D	21b. TIME OF HOUR AND P.M.	MONTH DAY 3 YEAR O	Self ingest	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	10 0
	21d INJURY			ORY, FARM, ETC.)	CATION	CITY OR TOWN	COUNTY	STATE
3	21d INJURY WHILE AT WORK  220. I cert death resul	NOT WHILE AT WORK	e of the remains descri	ORY, FARM, ETC.)	TITLE (SPECIFY)	Undetermined manner,	nd in my opinia	an
	21d INJURY WHILE AT WORK 22a. I cert death resul	NOT WHILE AT WORK	e of the remains descri	ribed abave, held on Autop Accident , Suicide	Glen ridge  sy XX Inspection [  Homicide [  TITLE (SPECIFY)  Assistant	, Inquiry , ar	DATE SIGNED_	11/24/80

							MARYLAND					
ľ	1-:	FOR STATE					H AND MENTA		3.0	3	0	2 1
-		REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	INER'S	CERTIFICATE			G. NO.		
		OR PRINT)			WIDDIE	1	LASI	_ 2	OF ESTI	. 80		AR 2b. HOL
	. SEX	14 RACE	Ince	DATE OF BIRTH	6. AGE (		IVE + T	DER 24 HRS. 2	DEATH MATE	MONTH	- 11 19 S	EAR 2d, HOL
		ML	V MC	ONTH DAY	YEAR LAST BE	THDAY) MON			RONOUNCED	12	-11 198	14.7100
Q	BII	THPLACE (STATE OR		CITIZEN OF WH	71 37	YRS.	V-	7	BALTIMORE C	ITY OR COUP		,
		ary land		U.S.	Α.	WIDOV	NEVER MA	RRIED	Arese	ARUL	deL	
1/	D. CI	Y OR TOWN OF DEA	TH 11.		PITAL, NURSING H	OME, OR OTI		12m USUA	L OCCUPATION	TYPE OF WORK	12b. KIND OF OR INDI	F BUSINESS
é	A	unapoli	5	Pune	HEVIO	el. 9	nerch	- Owne	T C&G	Elec.	Elect	tricia
U	JSUA 3e. ST	ATE	13b. COUNTY	ER INSTITUTION, GIV	13c. CITY OR TOW	MISSION	13d. INSIDE CITY LIMITS		T ADDRESS		1	1,550
		ld.	AA		Davidso	nvill	EYES NO			ibe Dr		
1		THER'S NAME		DDLE	LAST		15. MOTHER'S MA		MIDDLE		LAST	
		AS DECEASED EVER			Kivett	10171110	Fra 17. INFORMANT	nces	400	ORESS	Sm i t	th
	(YE	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR O	OR DATES)				V 1			12	
	NC				3	77740	Peggy	rivett	Same	d5 #	1 200001	MATE INTERVAL
		18. CAUSE OF DEATH PART I DEATH WA	AS CAUSED BY:	e couse per li	(e), (b), and (c).	sil		2			PETWEEN C	DNSET AND DEAT
		LIMAL	IMMEDIATE CA		AS A CONSEQUEN	CE OF	like	2			Tur,	te,
ŀ		Conditions, if a			10 /1 00 102 402 1	CL OI						~
		gove rise ta cause (a) stating		DUE TO, OR	AS A CONSEQUEN	CE OF	_				-	
		lying cause last.		(c)								
		PART 2 OTNER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL OISEA	E OR CONDITION GIVEN IN	PART 1 (a).				
	CERTIFICATION											
	CA	190. DATE OF OPERA	TION	196. CONDITI	ION FOR WHICH C	PERATION V	VAS PERFORMED?				20 AUTOF	PSY?
i	RTIF	21a EXTERNAL CAUS	E WAS	11h Thus Os	IN LILIEN	Tax vi					YES [	□ NO 🗷
	E CE	UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M.	MONTH DAY	EAR ZIG. H	OW INJURY OCCU	KKED (ENTER NA	TURE OF INJURY IN IT	JEM 18 PART 1 OR F	PART 2)	
	MEDICAL	CONTRIBUTING C			E INJURY (ATHOM		CATION					
	ME	WHILE   NOT	WHILE		DRY, FARM, ETC.)		STREET		CITY OR TOWN	c	COUNTY	STATE
					ribed obove, held o			1	Inquiry .	and in my o	apinian	
		death resulted from:	Natural co	uses 🗖,	Accident,	Suicide	, Homicide L	J/ Undeter	mined monner	<u></u> ,		
		ACTUAL	2	ch			TITLE (SPECIFY)	9		DATE	E 220	11-80
1		SIGNATURE	- /		, /	^		MEDIC	AL EXAMINER	SIGN	VED	
-	per .	EXAMINER'S NAME (TYPE OR PRINT)	E.L.	whal	10/+		ADDRESS /	my	als,	rek		
	150	RIAL, CREMATION, RE			23c. NAME OF	CEMETERY C	OR CREMATORY	13/100	ATION	- 60	YTALL	A STATE
ㄷ	sui	riai	- 43	2-13-8	O Ft.	Linco			ntwood			Md.
2	24. FU	NERAL DIRECTOR	Beal	- 1 : ADDRESS	rai nome	Vivi	104	TE REC'D. BY R	EGISTRAR 75%	REGISTRAR'S	SIGNATURE	×4 0
		16,000	Annapo	DIIS K	d. Bowie	e, Md.		JEC 17	1980	pessen	MATERIAL PROPERTY.	they are

Maryland U.S.A. West yours \_\_\_\_\_ Start \_\_\_ Start of the Cener USG Electrician Davidsonville 3765 sambe Dr. Kiyett Frances Smith Robert Taft 215-36-3346 Feeder Kivett Some as 1 13 and the same of the same Burial |2-13-00 | Burial | Burial | Buria Break one Pr see sic. 12-13-80 Ft. Lincoln 16,000 Annapolis Rd. Barie, Mc.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

REGISTRAR

(M)

time armoral Co. brand vilenas beritasi indonest med lebrurk sand allegame. Md. .... 20. mappelis x silvenued we. w. Tenknoff Ariois the community of the control of t . . . Included all visite 1917 Farent IF., Lyncholis, MG. 12-1 -30 the markety letters, each 1-21

The Court of the Co., Statement of the Court 
	1.	FOR STATE REGISTRAR	DEF	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 0	3 0	1 2
75			thely KL		HOEFER	20 DATE OF DEATH  12-22-80	MONTH DAY YEAR	26. HOU!
	3 SE	FEMALE	Causasion		ber <sup>PAY</sup> 2 1900	6. AGE   IN YEARS LAST BIRTI	MONTHS DAYS	
Para Para	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	TE CITIZEN OF WHAT COUNTY	MARRIE	D NEVER MARRIED		del County	V
of the factor of	(0 C	Marley	11. NAME OF HOSPITAL, N IF NOT INSUCH FACILITY, GIVE MARYLAND	URSING HOME (		120 USUAL OCCUPATE 117PE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTRY	Home.
and	13a 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY A.A.	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	134. INSIDE CITY LIMITS?	230 Benii	eld Park I	Dr.
od 2 sho	14. FA	Ther's NAME FIRST	MDDIE Feit	T.	Is MOTHER'S MAIDEN NA Johanna	ME	Decke	T,
agen 1 ar the med		VAS DECEASED EVER IN U.S. AR	11148 00 0 41561	SECURITY NO. 38-5931	Walter Kl:	ADDRE ingelhoefe		13
een signed by the attend Then please remove cart for to burial, cremation, of any injury, or other trau	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON:  (b)  DUE TO, OR AS A CON:  (c)  ONDITIONS CONTRIBUTING	SEOUENCE OF		Parkinso IIII DISEASE OR CONF		80x
te has be permit. siene prii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
free this certificate has the burial transit permand Mental Hygiene and Mental et 18 sho	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS, PART 1 OR PART 2)	
After the sthe burner the burner the burner the mand N marked	MED	ZIM. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, G	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	51
TO FUNERAL DIRECTOR: TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Healt IMPORTANT: If Item 21 is:		220 I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not the Stonature 224 PHYSICIAN'S NAME (TYPEOR MUCHAEL B	the body etter death.	_19	22e ADDRESS	MEDICAL STAF	te and hour and from the	E SIGNED
	1	IURIAL, CRÉMATION, REMOVAL	23b. DATE	73¢ NAME OF	EMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY	STA
3P		unial uneral director	12/24/80 ADDRE		aven Mem. Pl	k IGLen Bur E REC'D. BY REGISTRAR DF C 2 6 1980	nie A.A.C	Q. MO

The party of the control of the cont

	1 - S	OR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3 0		2 4 EST
9	I. DECE	ASED NAME FRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
	1111608	JOHN		G. H	CNEIS		DECEMBER	26, 198	30 2	2:10Pm
4	3. SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER		OURS MIN
		Male	White		Sept		76	YRS		NAME OF THE PERSON OF THE PERS
5	COUN	HPLACE (STATE OR FOREIGN NTRY)	JE CITIZEN OF	WHAT COUNTRY?	MARRIE. WIDOWE	DAZ NEVER MARRIED	BALTIMORE CITY O		UNTY	MD,
4	0.00	OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET HARUNDE	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATO (TYPE OF WORK FOR MOST O Rigger	F WORKING LIFE) IND	USTRY	rvdock
-	USUAL I	RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFOR		134. INSIDE CITY LIMITS?	13. STREET ADDRESS		Q . D.	rdock
5		aryland A.		Pasadena		YES NO W	129 Carve	1 Beach F	load	(21226)
71		IER'S NAME FIRST  John	MIDDLE	Kneis		15. MOTHER'S MAIDEN NAME FIRST Alice			LAST	And the last death and
1		S DECEASED EVER IN U.S. AL		166 SOCIAL SECU		17 INFORMANT	ADDRE			
	(YES,	NO OR UNKNOWN) (IF YES, GN	VE WAR OR DATES)	215 09 1	7169	Blanche Knei	s (same as	136)		
	P	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	'ART I(a)	
7	CERTIFICATION	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	AUSES OF	
	CAL	10. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING [ LIFEITHER, NOTHY MEDICAL EXAMINES	HOUR A.	M, MONTH D M.	AY YEAR	216 HOW INJURY OCCURE				110
	WEI	WHILE NOT WHILE T		REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TO		NTY	STATE
		20.1 certify that (I) (this hosp saw the deceased alive a abave, (I) (we) (did) (did no 2b. SIGNATURE	13/36	19_		nd that in (my) (aux) opinion .	death accurred an the d			
		welt 10	leey	nin	1	ATTENDING	MEDICAL STA	FF	الما	26/20
	122	2d. PHYSICIAN'S NAME (TYPE		CV M D			VD GLEN	DUDNITE	MA DV	TOOT
_	22- 21-		ROOPNI				LVD., GLEN	DUNITE,	-WIVI	DAND
	(SPE	RIAL, CREMATION, REMOVA	, ,			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	~	STATE NO. 10
	24 FLIN	Burial BERAL DIRECTOR	12/30/	1980 G	Len Ha	ven Mem. Park		nie, A.A.	CO DE	Marylan
		NAME		ADDRESS	- 10		JEC 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	persynthe	grove	Unactly

Ritchie Hg. . Baltimore . Md

J. Gonce. 4001

DHMH-16 25M (VRA 15, 4) 1/79

BP.

to be an in the second substitute of JOHN - 0. LOUSIE DUCCHER, J. LEO 2:10P NIME ARUNDEL COUNTY Market Land Land Land Control 
8 30 25 PATER AND THE STATE OF THE STAT THE CONTRACT OF THE SHOPE STATE OF THE STATE DEC 23 1800 Papphellowy

	DEPARTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		<b>3</b> (	0 1 2 6	ó
A A FIRST	WIDDLE	AST	78 DATE OF DEAT	H HONTH DA	YEM IS HOUSE	-
VIARIORIS	EK	TZIA		12-3-	80 118	M
RACE	1 - / S DATE O	OF BIRTH	A. AGE (IN YEAR) LAS	T BHOKDAY)	UNDER LYEAR # UNDER 21	1105
U	nite MONI		cc		MINS DAYS HOURS	acet.
FOREIGN 176 CITIZEN	JU.	Ly 14, 1914	9 BALTIMORE CIT	YRS.	NE DE ATH	-
Letter 1 to 1 and	MARRIE	D NEVER MARRIED	1	or cooler c		
Ohio.	0011	XXX DIVORCED	HUNE H	PUNDEL	40	MD.
	OF HOSPITAL, NURSING HOME OF SUCH FACILITY, GIVE STREET ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCU	PATION OST OF WORKING LIFE)	12b. KIND OF BUSINES INDUSTRY	SOR
ANN	E APUNDEL E	everal Hosp	Registe	ered Diet	ician - 3	1795
RSING HOME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE ADMISSION)	13d, INSIDE CITY LIMITS?	13e. STREET ADDRE			
A.A.	Amnapolis	YES KK NO		ecello A	ve	
1 21.21.	1_1111114002220	15. MOTHER'S MAIDEN NA				
MIDDLE	LAST Dealer	FIRST	MIDD	IE V	LAST	
R IN U.S. ARMED FORC	Rubin ES? 1166 SOCIAL SECURITY NO.	Dora	14	DDRESS	Klrin	
(IF YES, GIVE WAR OR DATE	(5)					14.2
	218-32-9184	Hannah Kot	zin 31 M	Murry Ave	Annapolis	Ma
TH (Enter only one caus WAS CAUSED BY: IMMEDIATE CAUSE (	e per line for 101, (b), and (c)	rost			APPROXIMATE INTERV. BETWEEN ONSET AND DI	AL EATH
DUE T y, which nmediate	O, OR AS A CONSEQUENCE OF (b) (1) (1) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	s mello	lus			
INIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	CONDITION GIVEN	N IN PART 1(0)	
(TION ( ) 196 CO	ONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20m AUTOPSY?		WERE FINDINGS USED	10

18 CAUSE OF DEA Conditions, gove rise couse 101, underlying PART 2 OTHER SIG CERTIFICATION

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

716 TIME OF INJURY HOUR A.M. P.M.

21e. PLACE OF INJURY

MONTH DAY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 19

21f. LOCATION

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

NO

220 I certify that (I) (this haspital) attended the deceased from sow the deceased olive an 22b. SIGNATUR

WHILE

21d INJURY OCCURRED

FOR STATE REGISTRAR DECEASED NAME TYPE OR PROVIDE

BIRTHPLACE STATE OF COUNTRY Cleveland

USUAL RESIDENCE Md

14 FATHER'S NAME FIRST

Eli 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO

SEX

filled in by the funeral director ould be filed within 72 hours of

campletely f

other troumatic

a prior to bur

nsit per

certificate

and Mental Hygiene morked or Item 18 shaws

should be detached for use as with the State Dept. of Health

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

NO

and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c, DATE SIGNED

22e. ADDRESS

BP.

etoined by the hospital FUNERAL DIRECTOR: with the State Dept. of He IMPORTANT: If Item 21 is

ATTENDING

HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

Burial 24 FUNERAL DIRECTOR

MEDICAL

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE

12/5/80

23c. NAME OF CEMETERY OR CREMATORY Kneseth Israel Cem

DEGREE

23d. LOCATION Annapolis

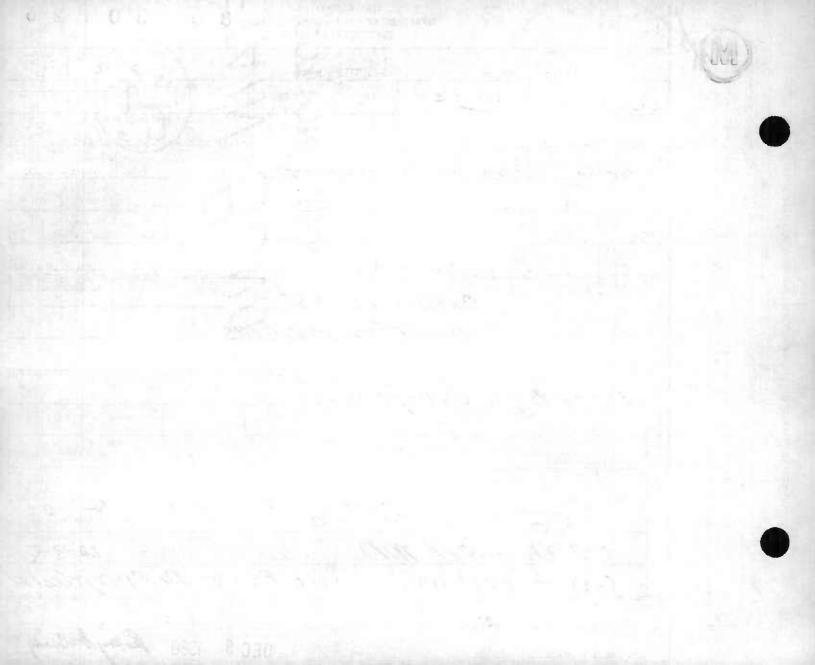
COUNTY

YES [

STATE Md.

AOORESS Hardesty Funeral Home #12 Ridgely Ave Anna.

Md DEC 1980



- STATE

REGISTRAR

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] COUNTY STATE , and that in (my) (our apinian death occurred on the date and haur and fram the causes stated 22c DATE SIGNED BALTIMORE. SMALLWOOD ROAD, MARYLAND, 21226 Burial Glen Burnie, AA, Maryland Dec.80 Glen Haven Mem.Pk. 9 1980 Fifty Market 24 FUNERAL DIRECTOR **DHMH-16 25M** (VRA 15, 4) 1/79 James S. Kirkley. Glen Burnie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

CIAYS

IF UNDER 24 HRS

X VOEL HOSPITAL A Lurroi e Er.e	TH ARIN	SOV.	SLEV BERNIE MG. RG.
OBL HOSPITAL  A Burnie  Egne  - 11-8645	TH AWN	SOV	SLEV SERVIE  Md.  Reymond
OBL HOSPITAL  A Burnie  Egne  - 11-8645	TH AWN	SOV	SLEV SERVIE  Md.  Reymond
n Burnie egue -01-8645	Gler Lev		.hx
-01-8645i F	Lev		Staymond
10-8645			
8			

	1					OF MARYLAND		ekg:	0 1	0 0
	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 U	<b>.</b>	U	2 8
		CEASED NAME FIRST		WIDDIE	L	AST		MONTH DA	Y YEAR	2b HOUR
poge 3	(177)	RUST	EM	NONE	L	LA		12 1	8 80	230 AM
P	3 SE		4 RACE	(110.13)	5 DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
-11	2	MALE	CAUC	ASIAN	MONTH	/ 1899	9	YRS	ONTHS DAYS	HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8		9 BALTIMORE CITY		OF DEATH	
(A)		OUNTRY) EBRE ALBANI	REP	DITURKE		DINEVER MARRIED	ANNE	1011111	- I	MD
	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
00	0	ROWNSVILLE	15	Waterv	I ADDRESS)	Drive	LAW OFF		INDUSTRY D	Ties
2	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	, GIVE RESIDENCE BEFO	RE ADMISSION)			10-0		11120
35			ReArund	13c CITY OR TOV	isville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ervie	W DE	110
1		ATHER'S NAME			(34) 116	15 MOTHER'S MAIDEN NAM	E	CIAIC	-44 -01	TYC
020		KADRI	WIDDLE	LILA		BEKLIYE	MIDDLE		HANI	M
10		WAS DECEASED EVER IN U.S. A		16b SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		Crownsui
1	1	YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	NA		SUNA OZKO	v 15 11/-	tervie	201 /2	MAN
# =		18 CAUSE OF DEATH (Enter o	nly one cours ne			JANA OZRU	C 12 VVZ	HET VI		WATE INTERVAL DINSET AND DEATH
novo		PART I. DEATH WAS CAUSI	ED BY.	1 1110 101 10 10 10 10	1	RT FAILUI	. =		24	
Fic e		116 2 0 MMEDIA	TE CAUSE (a)			RI PHILLI				,
on, o		Conditions, if ony, which	DUE TO, C	DILL AA		Y CEDEMA				
r tro		gove rise to immediate couse (a), stating the	(0)			7 CEDE NO			100	
iol, cren		underlying cause last	DUE TO, C	EM PH		4.0			196	
oriol		PART 2 OTHER SIGNIFICANT	CONDITIONS C		7		NAL DISEASE OR CON	DITION GIVE	N IN PART 1(a	
to b	NO									
prior	TA	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES,	WERE FINDIN	GS USED
S M	F		4-1-1				YES   NO	YES	ING CAUSES	OF DEATH?
ok Sho	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME C		ME	21c. HOW INJURY OCCURRI				
lea 4		OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH D	DAY YEAR					
0 1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			COLINIE	
ke d	Ž	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	PIKEEL	CITY OR TOV	VIN	COUNTY	STATE
E OE		220.1 certify that (1) (this hosp	ntal) ottended tl	he deceased from	10	-14 1980	, to 12 -	18 1	80	hot (I) (we) lost
21 is		sow the deceased alive or	12-	18 19	80 or	d that in (my) (aux) opinion d	eath occurred an the d	ote and hour		
them ?		above, (1) (we) (did) (did no 22b. SIGNATURE	or view the body	orter death.		DEGREE			22c. DATES	SIGNED
0 -		50	11	11 5		ATTENDING PHYSICIAN ST	MEDICAL STA	FF TAN C	12/	10/0-
Z		THE PHYSICIAN'S NAME (MIN	DEPENT)	141.17.		22e. ADDRESS	DIRECTOR LI PHISK	1014	1/2/1	8/80
OR The		FIKRET	OZKO	K M	7	15 Watervie	W. Dr. Com	WALMSV	:16 Ma	1 2/03:
with the State	23n	BURIAL, CREMATION, REMOVAL	The same of the sa	41	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		., , , , ,	7.03
		SPECIFY)	12-1	9-80		CHEFER FOR CREMATORT	CITY OR TOWN		OUNTY	STATE
1.77	24 F	UNERAL DIRECTOR	- 7	110		250. DATE	ISTANA REC'D. BY REGISTRAR	25b. RESISTR	AR'S SIGNATI	
1/75		NAME SOM	HOM	ADDRESS	n +	WAL A.C. FIRM	5 1001	tisks	y McC	endy
	1//	EVOV FUNEAC	$II = II \setminus I \setminus I$	4 1-416	11-18 76 U	VAI 1) . C	01 1.11.77	/ /	/	

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4. 7.0	1.	FOR	DEPARTA	ENT OF HEALTH AND MENTAL HY	GIENE & U	0 1 2 7
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
CX		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(New)	(TYPE	ORPRINTI	Nama	1-1110	12-	4-80 4:10PM
Carry.	3 SE	James	1 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
754	1, 36	m i	White	MONTH DAY YEAR	1	MONTHS DAYS HOURS MIN
5 5	100	Male		9 19 13	67 YRS.	Y 05 05 17 11
30 27	70. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TOFDEATH
E 21		MD	USA	WIDOWED   DIVORCED	Hone Hru	ndel Co, MD.
1 8	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING )	12h. KIND OF BUSINESS OR
Cur B	IA	onapolis	Anne Arundel	General Hospital	Chemist (Ret	
10	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION		
DA E	130	TATE 1136 COUN	A 10	YES NO D	13. STREET ADDRESS	venue
should	14 F/	THER'S NAME	H. Imnapo	15. MOTHER'S MAIDEN N		VCIIUE
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1 and	N		man hille	Ur Fillian	ADDRESS S	Drown
		VAS DECEASED EVER IN U.S. AR LES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	I IELI	ame as
E d .		Yes wu	UTL 214-05-	onsthelen H	. Little	# 13a
physicis papers. emoval. tic even		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	ice n		BETWEEN ONSET AND DEATH
ph pa pa pa pa pa pa pa pa pa pa pa pa pa		PART I. DEATH WAS CAUSE	TE CAUSE (O) Corelo	al Hemma	whole	10
ding bon or r		43/0	DUE TO, OR AS A CONSEQUE	NICE OF A	0	, 1
ion,		Conditions, if any, which	OUE TO, OR AS A GONSEOUS	as for all h	inia 2	Ituke
the a		gave rise to immediate	(0)		Aldomet for	hypertension
, cre	15	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF YOUR	for year	0.2
ury,	100	DANCE OF STREET	(c)			
to b	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	IVEN IN PART TO
Thrior Thrior	CERTIFICATION	190 DATE OF OPERATION	TIAN CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED
mas runit	15	DATE OF OFERATION	THE CONDITION FOR WHICH	OFERATION WAS FERFORMED	INCERT	IFYING CAUSES OF DEATH?
Hygiene m 18 shor	1 =					ES NO
certrificate I-transit pe ntal Hygier ftem 18 s	100	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING GAUSE OF DEA			RRED (ENTER NATURE OF INJURY IN ITEM 18.	, PART 1 OR PART 2]
enta enta or ft	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
d M d	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, SACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
h and narked	2	AT WORK AT WORK				
S 0 0		220   certify that (I) (this hospi	tal) attended the deceased from	. 1977	10 17 7	, 19 , that (I) (we) last
or use of He n 21		saw the deceased alive on		and that in (my) (our) opinion	n death occurred on the date and he	our and from the causes stated
DIRE hed fo Dept. (		27k SIGNATURE	t) view the biddy after death.	DEGREE		22c. DATE SIGNED
		1000	1010	ATTENDING	MEDICAL STAFF	122 2 -20
ERAL State [ ANT:	1	274 PHYSICIAN'S NAME ITYM O	many	220 ADDRESS	DOTRECTOR   PHYSICIAN	1000
FUNERAL unid be detach the State	1 19	274 PHTSICIAN'S NAME ITYM O	2/1/21 2	ADDRESS	1 104 0	10 1001
Should with the IMPO		1/1-	HPLE	/ 1121 Cathed	tral ST. Hona	polis, MU
F # 3 €	23e f	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	I	Surial	Dec. 10.1980 A	Ilcrest Cemeta	Fridanapolisa	AAron ML)
HMH-16 25M	24 F	JNERAL DIRECTOR	Anneses	250. DA	THE REGID. BY RECHOVAR 258. REGIS	STRAK'S SIGNATURE
A 15, 4) 1/79	T	hom Taylor	& Jons Anno	ipulis mil	4485642	The Property
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Hardesty FH, 12 Ridgely Ave. Annapolis, Md 21401

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

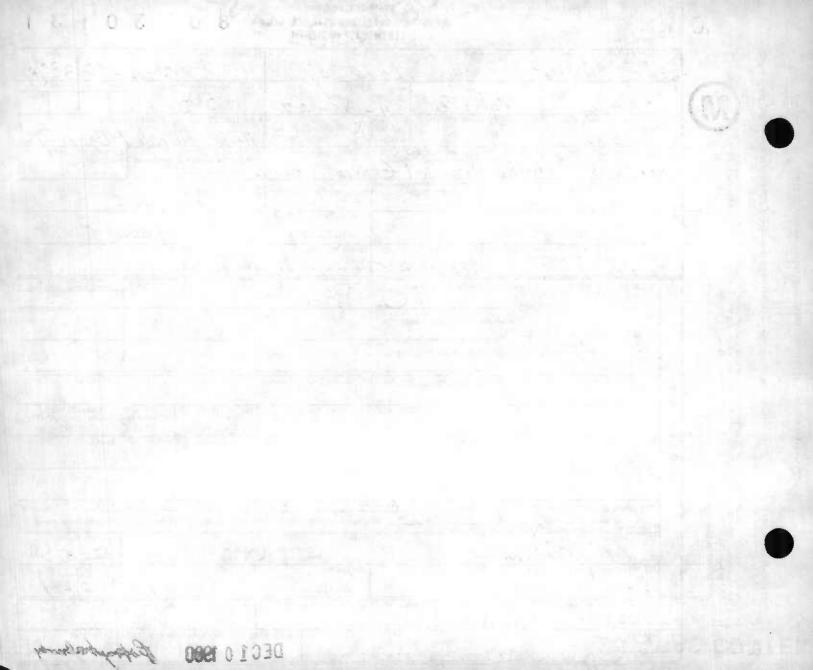
CERTIFICATE OF DEATH

FOR

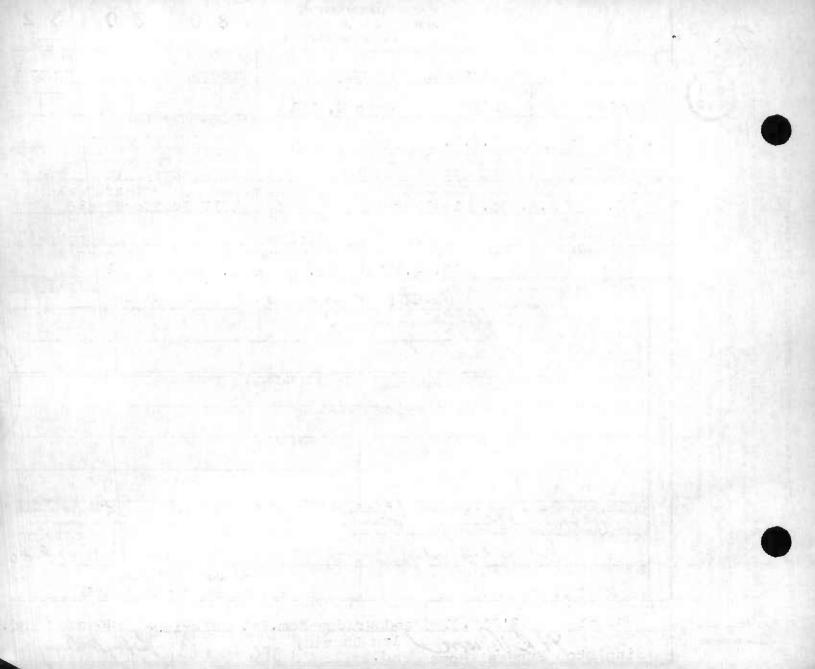
REGISTRAR

- STATE

(VRA 15, 4) 1/79



	1	STATE REGISTRAR			DEF		IFICATE OF D		IENE O	REG. NO.		0 1	EST
		CEASED NAME	FIRST		MIDDLE	- 47	LAST		2a. DATE OF		ONTH I	DAY YEAR	2b HOUR
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M)	3. SE	x Female	4.	RACE Whit	-6		of BIRTH	YEAR L 91 9	6. AGE IN YE		/	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNT	TRY? 8			9 BALTIMOR	E CITY OR	1 YRS.	OF DEATH	
00/	1	COUNTRY)	10 m			MAR	RIED X NEVER						
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S I		Md.	A.A.	-	Glen.		e YES 🗆	NO 🔀	1217			rd Roa	
E .	14. F.	ATHER'S NAME FIRST	MI	DDLE	LAST			S MAIDEN NAM	۸E	MIDDLE		IAS	ST.
\$22		Robert		5.000		oe1		Sally				Hon	aker
dicol		VAS DECEASED EVER		ED FORCES?	166 SOCIALS	SECURITY NO	. 17 INFORMA	MI (Hus)	band)	ADDRESS	Sa	ame as	#
med		No	N		233.2	4.577		James		owe		13	
1		18 CAUSE OF DEATH	(Enter anly	one cause per					1	4		APPROX	MATE INTERVAL
		PART I. DEATH W	AS CAUSED	BY:	al	of a	Ome	read.	0/ 14	Lane	ALL	- BCT WEEK	ONSET AND DEATH
S S		11.00	IMMEDIATE	CAUSE (o)		- ()	1	- m	O C 41	7	V. C		
troumotic		4100		DUE TO, O	R AS A CONSE	EQUENCE OF	0						
200		Conditions, if ony,		(b)_									
		cause (a), stating		DUE TO. O	R AS A CONSE	EQUENCE OF							
or other		underlying cause	last.	( (c)								11-53	
o X		PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH B	JT NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONDIT	TION GIV	EN IN PART 1	a:
in in	NO.												
9	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WE	HICH OPERAT	ION WAS PERFO	DRMED	20a AUTO	PSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED 5 OF DEATH?
18 shows	1 2	21g. ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY		21c. HOW IN	JURY OCCURR					ب ۱۰۰
= 7		OR CONTRIBUTING C			M. MONTH		R		(6				
-	CA	(IF EITHER, NOTIFY MEDIC			M.	1		211					
	MEDICAL	21d. INJURY OCCURR			OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATIO			CITY OR TOWN	4	COUNTY	STATE
	1	AT WORK AT WOR	K L				10			1 .		0	
		22a I certify that (I)				10'	25/80	_, 19_	, ta	121		19 00	that (I) (we) lost
		saw the decease above (i) (we) (d	dalive on_	viavi the body	ofter death	19 50	and that in (my)	(aur) apinion d	eath occurred	on the date	and hav	r and fram the	causes stated
		22b. SIGNATURE	idi (did 101)	New The budy	arier death.		DEGREE					22c DATE	SIGNED
			(/	ole	-11/	10		ATTENDING _	MEDICAL	STAFF		15	3P-R
_	1	22d. PHYSICHAN'S MA	AAE JOURS ON					PHYSICIAN	DIRECTOR			10	20 00
Talval I		ZZU, PHTSICI <del>NIA ST</del> NA	WIL TITPE OR P	KIIV()			22e ADDRES	7845	Oakwoo	d Road	#20	14	
		CHARLES	J. WU	M.D.				Glen	Burnie	, Mary	land	21061	
	23a	BURIAL, CREMATION, I	REMOVAL	23b. DATE	1 22	23c. NAME O	CEMETERY OR (		23d. LOCAT			COUNTY	STATE
		Burial		2'JAN	1.81	Meado	wridge	Mem . DI		krid	~~	Howa	
	24 F	JNERAL DIRECTOR	QV V	211		Gler	Burni	25e. DATE	REC'D. BY RE			RAR'S SIC NAT	
		Singleto	15 ES	20000	DOY (ADEN	Md	Du[II]	e, DE	0301	980	pri	My /KC	Cready
		- Inglett	II FU.	neral	HOME	Ma			000	000			

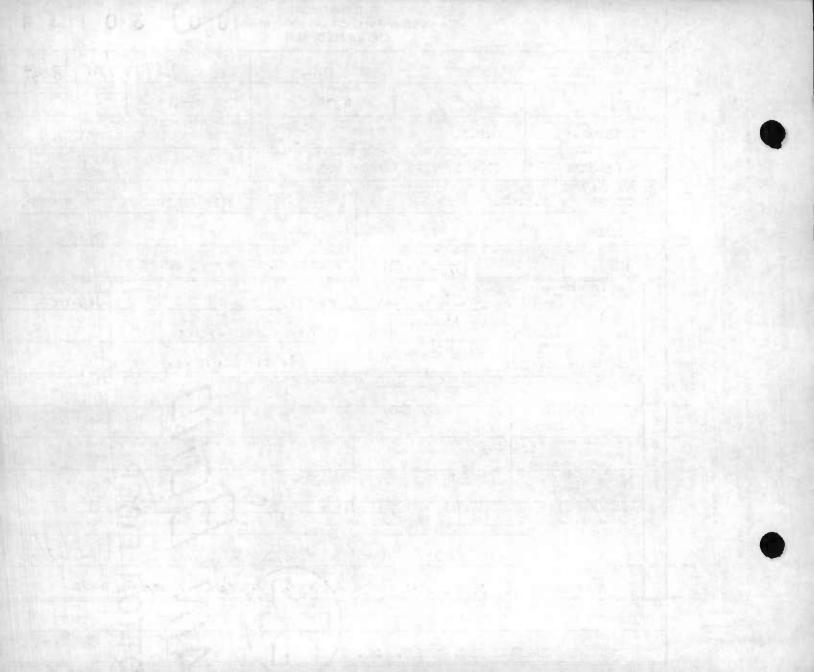


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	8	e of
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low-requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.	10 FUNEBAL DRECTOR After this certificate has been signed by the attending physician and completely tilled in by the funeral director page. 3 should be attended for use as the basinit transferent perms. Then pinate remove carbon papers. Pages if and 2 should be tilled within 22 h. The confidence of the State Dept. of Health and Mental Hygane prior to buriol, cremation, or remard.
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			STATE OF MARYLAND	0 0	7 0	-2
1 -	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE O U	301	0
	CEASED NAME FIRST OR PRINT) ELIZAE	SETH F. M	1Acgilton		MONTH DAY YEAR	26 HOU
3. SE:		RACE Whitz	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) NDER I YEAR	IF UNDER
	RTHPLACE ISLATE OR FOREIGN OUNTRY) 5 A	USA .	MARRIED NEVER MARRIED WIDOWED DIVORCED	HALLORECITY	PRUN	DE
budaton G	RIVINS VILLE	1. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION PRESS!  RESIDENT HOME	(TYPE OF WORK FOR MOST O	126 KIND O INDUSTRY	F BUSINE
A PISU	AL RESIDENCE (IF NUR	STITUTION GIVE RESIDENCE BEFORE A 130 CITY OR TOWN	DMISSION) 13 CINSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Road Am	
020	FIRST NAME	Archer Hav	es Manie	WI S	on All	en
60 V	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 215-28-8	TYNO. IT INFORMANT 468 Betty Lee	Hall	SS BEABLY Annapoli	s.m
march, fire	18 CAUSE OF DEATH Enter and PART I. DEATH WAS CAUSED	BY CANAL	is amust			MATE INTER
matic e	4409 IMMEDIATI	DUE TO, OR AS A CONSEQUEN	CE OF the Action	1 7		311
crematic	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF With with	100		
lary, ard	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE		AINAL DISEASE OR CON	DITION GIVEN IN PART 110	
B shows any inter	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEAT
100	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR PART 2)	
rked or Rem	21d IN JURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 211_LOCATION STREET	CITY OR TOV	VN COUNTY	ST
of Healt 21 is mo	220. I certify that (I) (the bospite saw the deceased alive an abave, (I) (we) (did) (did not	12.11 19 5	and that in (my) (surkapınıan			that (I) (v
AT. If her	226. SIGNATURE	t. Inlim	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI		20/8
WPORTAN	FHILY H.	VILSOW	Pt. 214	HAR	wood t	10
230. 8	SURIAL, CREMATION, REMOVAL RECIPY)	23b. DATE 23c NA Dec. 24,1980 1	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	od PC	rim.
1/76 24. FL	UNERAL DIRECTOR	E Sons - Appress	250 24	ERESD Y 198UAR	By Martin Agy Ma TA	CALL

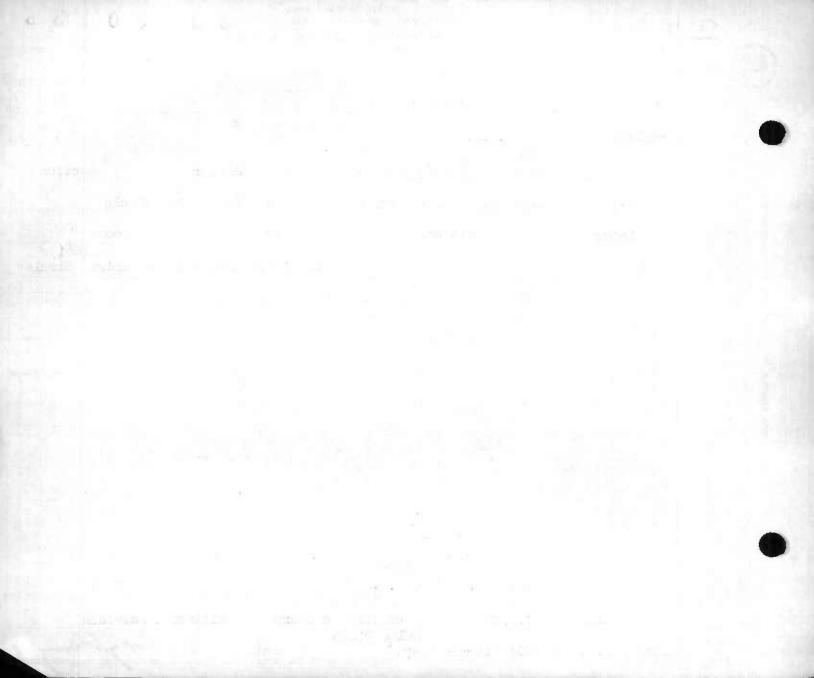
to the state of the state of the state of 733 VIVE 1 3 411 13

o to	1.	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.								
1/2	1. DE	CEASED NAME FIRST LIONEL	McHEN	IRY		P, M.D.		MONTH DAY	YEAR 26 HO	OUR OUR	
	3 SE	×	4 RACE BLACK	3	5 DATE C	F 8 IRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTI	MONI	THE DAYS HOURS		
deoth. Fundamental description 72 from	70. B	RTHPLACE (STATE OR FOREIGN OLD TRINIDAD	76 CITIZEN OF V		TRY2 8	NEVER MARRIED	9 BALTIMORE CITY O ANNE ARU	_		AAD	
by the fu	10 C	ANNAPOLIS				E BAY ROAD	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF THE CONTROL OF THE		126. KIND OF BUSIN INDUSTRY MEDICINI		
filled in hould be	13a M		ROTHER INSTITUTION, ONLY	GIVE RESIDENCE 13¢ CITY OR ANNAI	POLIS	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3119 ARUN	DEL ON	THE BAY	RD.	
ampletely and 2 s	14 F/	KEVIN	WIDDIE	MA'Pİ	9	15. MOTHER'S MAIDEN NA PIRST MILDRED	WIDDLE		OXLEY		
on and co	160 \	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI		166 SOCIAL!	1.7176	EUCLIN L. M	IAPP SAME			i.	
by the ottending phy: ass remove corbonpol il, cremotion, or remov other troumotic event		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE    MMEDIA1	DUE TO, OR	AS/A CONSI	ual ,	frest e l'arterio Uear	sclerefic t disease		APPROXIMATE INT BETWEEN ONSET AN MUNICIPAL	7	
been signed by the mit. Then please rem prior to burial, crema any injury, or ather t	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		4		NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS US	ED	
physicion.  rificate hos il-transit per tal Hygiene m 18 shows	R.	210. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA			DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES [	IG CAUSES OF DEA	-	
ter this certification is the burial-in and Mental-inked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTWHITE  AT WORK WORK	21e PLACE C	F INJURY	FICE, FARM, ETC.)	21f. LOCATION	CITY OR TOW	и /	COUNTY	STATE	
CTOR: Af d for use of t. af Health m 21 is mo		22a.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (slid) (did no			19 <u>20</u> , on	d that in (my) (our) opinion	to	19.4 ite and hour on	d from the copses s		
by the horner and the horner of detocher of the Dept.		226. SIGNATURE	W Cr.	nfr	14	ATTENDING PHYSICIAN  1228 ADDRESS	MEDICAL STAF	F IAN 🗍	12 22	100	
TO FUNERA should be d with the Sto		RICHARD	NPE		_	121 CATE	DRAL -1	9NNAT	345	Æ di	
BP	d	BURIAL, CREMATION, REMOVAL SPECIFY) REMATION	12/23/			METERY OR CREMATORY OUNT CEMETERY			MARYLA	ND	
MH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR NAME LTER BROOKS BRA	DLEY INC	ADDRES BAL		5.5	C 2 4 1980	15b. REGISTRAR	SSIGNATURE	ly	



FOR

0 6 0 8 10 -NATHERIAE 2 STANTON 12 12 12 ET 47 Assemble Recognise Control House House Land The first of the state of the s Dengthan salays Rowal Sustantion - 3 angs As the street of the bearing astuter - Me Mile as suit De Tosaya Ni French 1616 Forest Dr. Herryalis Letter Water Son All States and March 1988



BP. DHMH-16 30M 2/80 (VRA 15, 4)

## STATE OF MARYLAND 0 **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

1.	FOR STATE REGISTRAR	DI		IEALTH AND MENTAL HYG	IENE 8 U	<b>3</b>	U	3 /	
	CEASED NAME FIRST E OR PRINT)		EFFIE GUN McGUI		20. DATE OF DEATH  December	MONTH DAY	YE AR	2b. HOUR	
3. SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS	
	Female	White	Feb	15, 1914 FAR	66	YRS.	HS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  rth Carolina	76. CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF			
10. C	ITY OR TOWN OF DEATH en Burnie	11. NAME OF HOSPITAL, INFNOT IN SUCH FACILITY, OF North Aruno	VE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST COOK	ON 1: F WORKING LIFE) IN		BUSINESS OF	
USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		OR TOWN	13d. INSIDE CITY LIMITS? YES <b>X</b> NO []	130. STREET ADDRESS 501 Arsan	Avenue			
14. F.	ather's name first Dan	Rose	AST	15. MOTHER'S MAIDEN NA/ FIRST <b>Nina</b>	MIDDLE		LAST		
	WAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIA	12-0894	John J. Gunn	ing Sr. sa	me as 1	3 e		
ATION	underlying cause lost  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A COI (c) CONDITIONS CONTRIBUTE  196 CONDITION FOR	NG TO DEATH BUT		INAL DISEASE OR CON	DITION GIVEN II		A B T	
CERTIFICAT					YES NO YES NO NO				
-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T	OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
	22a. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not		_19	nd that in (my) (our) apinion (	, to death occurred on the d	, 19_ ote and hour and		hat (I) (we) la auses stated	
	22b. SIGNATURE	16,00		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c DATE S	SIGNED	
	Marvin J. Feld			302 Greenspr	ing Station	, Luther	rville	e, Md	
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		UNTY	STATE	
	Burial	1/2/81	Holy C	ross Cemetery	Baltimo		ryland		
24 F	UNERAL DIRECTOR		DORESS		E RECE BY BE OUTRAR	BINEGUERAR	Make	JRE	
Ge	orge J. Gonce 4	001 Ritchie	Hgwy. Ba	1to 21225	3 1001			7	

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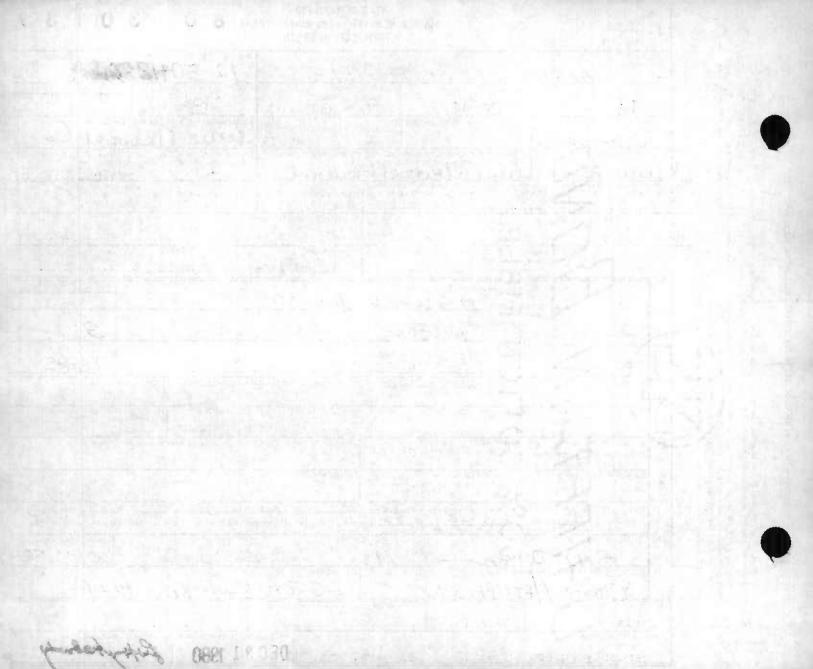
	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH		0 3 REG. NO.	0	3 8
ny be page 3 death		CEASED NAME FIRST ROBER	r I4 RACE	L.		NTYRE	20. DATE OF DE	ECEMBER 1	5, 1980 2	2:10A <sub>M</sub>
	4. 51.	Male	_	uc.		. 22, 1919	6	- M		URS MIN.
		RTHPLACE ISTATE OR FOREIGN	U.	S.A.	WIDOWE			ARUNDEL COUNTY		MD.
10 mm	G	LEN BURNIE	NORT	OCH FACILITY, GIVE STREET  H ARUNDEL	HOSP!	ROTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO OWNE	CUPATION  R MOST OF WORKING LIFE  Auto	126. KIND OF BUINDUSTRY Repair	
ad plant	M 2	aryland	P.G.	N. GIVE RESIDENCE BEFOR 13c CITY OR TOW BOW I C	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO		Belair D	rive	
ord 24	14. FA	THER'S NAME William	MIDDLE	Mointy	re	Myrtle		Buch	anan	
Paged 7		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OND YES)	166. SOCIAL SECU	JRITY NO.	Helen McIn	tyre,	ADDRESS	Bowie	ve.Md.
signed by the attending phen plans plans plans plans plans to build, cremation, or emply, or other froumatic residuay, or other froumatic residuay.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	TE CAUSE (0)	OR AS A CONSEQUE	ENCE OF			reterralisation GIVE	N IN PART I(o)	
hos been t permit. T ene prior ows any ir	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPS		WERE FINDINGS ING CAUSES OF I	
riol-tronsit ental Hygi ltem 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
se os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE AT WORK	21e. PLACI (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATION STREET		ITY OR TOWN	COUNTY	STATE
for us of He 21 is		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (aid) (did no	12-	19	\$0 , or	d that in (my) (our) opinion	deoth occurred o	on the dote and hour		(E)(we) lost ses stated
detoched are Dept		22b. SIGNATURE	eer	in	~	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Dec.	5, 1980
old be Signal of the Signal of		22d. PHYSICIAN'S NAME (TYPE)  L. SEENIVAS				22e. ADDRESS 205 B	ALTIMORE	-ANNAPOLI MARYLAND	S BOULEV 21061	ARD
ods MM	C	BURIAL, CREMATION, REMOVAL SPECIFY) Temation	23b. DATE	236		emetery or Crematory litan Crema	23d. LOCATIO		ia, Vir	gľ'nia
16 30M 2/80 RA 15, 4)		INERAL DIRECTOBEAL I		al Home ad, Bow			EC18	STRAR 256. REGISTR	AR'S SIGNATURE	monty

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19	Sept.22, 1919	Cuc.	of 6M
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Owner - Auto Repair Co.	MITTORNE	MUNITED PRICES	Silving All
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Buchanan	re Myrtle	A. Mointy	meillin
Bowie cyre, 2406 Belair Drive, Mc	0294 Helen McIn	WW 11 263-10-	уеѕ

CLES BATTEROPE-AWARDLIS ROLLEVARD.

Cremation 12/15/80 Metropolitan Grematory Alexandria, Virginia Beall Funeral Hime 16000 Annapolis Road, Bowle, Maryland

I. CREATINGN, U.D.



Funeral Home

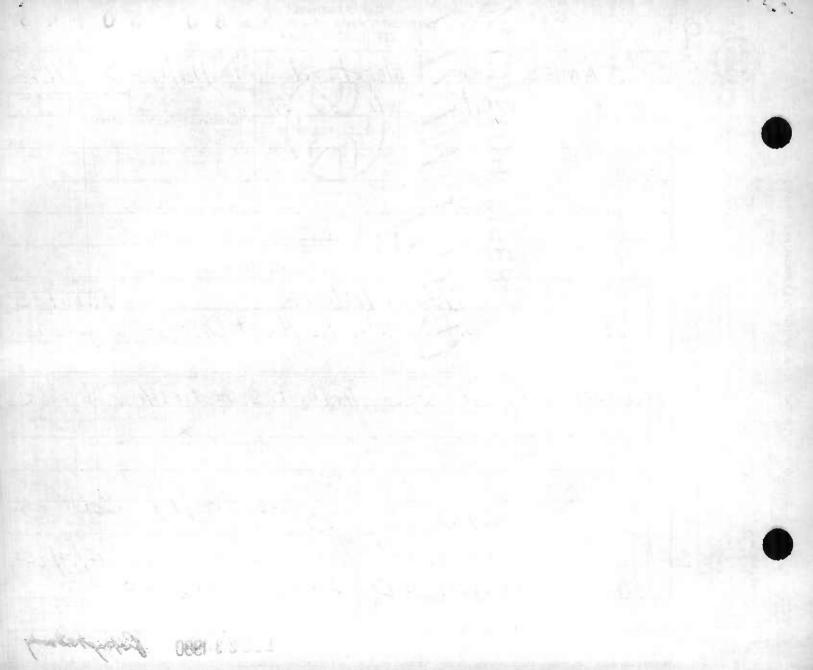
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	M		REGISTRAR CEASED NAMI PE OR PRINT)		hania	MIDDLE M	AMINER'S CER Moate	TIFICATE OF D	20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	2b. HOUR	
	OIRECTOR DIRECTOR DUR FILES 72 HOUR NN STREET	3. SE	x emale	4.RACE White	S. DATE OF BIRT	H 6. AC	GE (IN YEARS IF UNDER	I YR. IF UNDER 24 H		MONTH 12 3:	31 <sub>19</sub> 80 DAY YEAR 1 <sub>18</sub> 80	26. HOUR 6:30	
	IF ANY DELAY IS NECESSARY, PL. 2, AND 3 TO THE FUNERAL DIRECT 3. RETAIN PAGE 5 FOR YOUR 15 HOULD BE FILED WITHIN 72 HOULD BE FILED WITHIN 72 HOULD BE FILED WITHIN 72 HOULD BE FILED WITHIN 72 HOULD BE FILED WITHIN 72 HOU	70. B	OREIGN COUNTY	ATE OR	76. CITIZEN OF	WHAT COUNTRY?	11	NEVER MARRIED			OF DEATH	MD.	
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. 21201	RETAIN DEL	13a. S	AL RESIDENCE	IF IN NURSING HOME O	POTHER INSTITUTION.	GIVE RESIDENCE BEFORE	COWN 13d.	INSIDE CITY LIMITS? 13e.	STREET ADDRESS	R AVE	=		
ORE, MD.	OURS AFTER DEATH. IF,  18. GIVE PAGES 1. 2, A  WITH FORM PM 3. III. PAGES I AND 2 SH  III. PAGES I AND 2 SH  DIVISION OF WITH R		TO F	IN	MIDDLE	nKow	SKI	MOTHER'S MAIDEN N.	MIDDIE	1A+4K	IEW.	iez	
BALTIMORE	S AFTER GIVE PA ITH FOR PAGES 1	160. \	ES, NO, ON WHICHO		WAR OR DATES)	5770	90734 C	HESTER B	AKowski	8ESS 834	WASH	. AVE	
	N 24 HOURS IN ITEM 18. G ALONG WIT SIT PERMIT. P HYGIENE, DIV AOVAL.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c),)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Smoke Inhalation  ( DUE TO, OR AS A CONSEQUENCE OF										
201 W. PRESTON ST.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CRRTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 MORE 4 SHOULD BE FOWARADED IO THE CHIEF MEDICAL EXAMINER ALONG 17 DE FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANIFICATION AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	gove ris	is, if any, which e to immediate stating the under-	(b)	OR AS A CONSEQU							
	CECUTED G'' IN PR AL EXAN BURIAL- AND MEI		lying cau	se last.	(c)			ONDITION GIVEN IN PART 1 (a					
	JID BE EXE "PENDING" F MEDICAL ED AS A BL HEALTH AN IL, CREMAT	ATION	19a. DATE OF				H OPERATION WAS P				20. AUTOPSY	?	
OF VITAI	NTE SHOULD SWORD "PE HE CHIEF N D BE USED A FENT OF HEA	CERTIFICATION		L CAUSE WAS		OF INJURY	21c. HOW I	NJURY OCCURRED (EP	YTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	YES 🔀	NO 🗌	
VISION	S CERTIFICA RITING THE RDED TO TH 3E 3 SHOULD E DEPARTM ED PRIOR TO	MEDICAL	21d. INJURY C	CCURRED	21e PLAC	.M. MONTH DAY  X 12/31/ E OF INJURY (AT  ACTORY, FARM, ETC.)	80 hous	efire	CITY OR TOWN	COUN		STATE	
۵	R: THIS OTHE, WRITE, WRITE, WRITE, WRITE, WRITE, WRITE, PAGE E STATE (D. 21201	2	WHILE AT WORK	NOT WHILE XX	at	home	1121 T	yler Avenue	Annapoli		ounty,	MD	
	EXAMINER: CERTIFICATE ULD BE FOR, DIRECTOR: I, WITH THE S. MARYLAND,		deoth resulte	1	ol cousey .	Accident XX	Suicide .	Homicide Ur	ndetermined monner	],			
	DICAL E TE THE C A SHOUN NERAL D DEATH, A AORE, M	= -	ACTUAL SIGNATURE	7/1	100	Mus	M.D. 4	Assistant	MEDICAL EXAMINER	DATE SIGNED		/80	
	TO ME EXECU PAGE TO FUI AFTER BALTIN	7.1	EXAMINER'S (TYPE OR PRIN	HOT	mez R. G	uard,M.D	7,00		Street,Bal	to., MD	21201	AL	
	BP	1	UNITHAL DIREC	100	17/9/ MADOM	1 Jane	d mid	250. DATE REC'D	D. BY REGISTRAR Sb. 1	The state of	MATTRE	<u>D.</u>	
	(VR A15 ME (5)) 15M 2/80	V	W/11	77/40	JUV5	0100	01110	APIN.	1 9 1301		/		

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1	1. DE	REGISTRAR CEASED NAME FIRST		AIDDLE		AST 1	REG. NO		EAR 2b. HOUR
	(TYPE	OR PRINT) TAME	Wilbu	ır	Mor	eland sr	12/19/	1920	1130
	3. SE	X	4. RACE	1	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTI		TENN - DIEDEN EATING
		Male	Whi	te	Feb	25 21	59	YRS.	DAYS HOURS MIN
75		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O		гн
25		Md	USA		WIDOWE	D DIVORCED	AACo		MD.
-	,	TY OR TOWN OF DEATH		HOSPITAL, NUI H FACILITY, GIVE ST		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY
25		napolis		eral v			farmer		
25	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN Md	AACO	130 CITY OR T L thia	OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5725 Litt	lo Pd	
	14 FA	THER'S NAME	AACO	L CIII	ш	YES NOX		Le na.	
20	Н		Morelan	d		Lillie Chris	tine Griffi	th	LAST
	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS	
1		no (F FES, GIV	. WAR OR DATES	218 36	5 4108	Mary Ellen M	foreland	#13	A
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	line for fai, (b)	, and ict	ntto L		BET.	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			E CAUSE (0)	HEC	UNF	Truck		M	inutes
		4100	DUE TO, 9	AS ACONSE	OVENCE OF	enatir Hen	A Disea	CP	leans
		Conditions, if any, which gave rise to immediate	(b) [2]	7 7 0 1	0 301	COTIL TICE	01 01364		/E WILL
		cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSE	OUENCE OF				
		PART 2 OTHER SIGNIFICANT (	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONI	DITION GIVEN IN PA	(RT) I to
	CERTIFICATION	Diabetes,	Hyper	tenst	s'on,	Arthritis	, leptic	Ulcer 1	disease
2	ICA	19a DATE OF OPERATION	- IS CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
0~	ERTIF	210. ACCIDENT WAS UNDERLYING	1 21b. TIME O	E IN HIDV		21c. HOW INJURY OCCURE	YES NO	YES [	NO 🗍
9		OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH		ZIL HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	R1 2)
- (	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE (		19	211 LOCATION			
	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOW	VN COUNT	TY STATE
		22s I certify that (I) (this hospi	tal) gittended the	despenselytro	orn	1966	, to 2	9 19 8	that (I) (we) list
		saw the deceased alive on above, (I) (we) (did) (did no	12/19	pher death.	P,, ar	nd that in (my) our) opinion (	death occurred on the do	e and hour and from	m the couses stated
		776 SIGNATURE	1.5 /A	- 2	10	DEGREE	MEDICAL CIAS	22c.1	DATESIGNED
		(1000)	NUVI	- ///			MEDICAL STAF DIRECTOR PHYSIC	IAN []	2/19/80
1		22d. PHYSICIANIS NAME (TYPENO	R PRINT)	Th	111/	22e. ADDRESS	11-1	2082	20
_	22- 5	(1017ES/7	1/1/1	11)	22. NAME OF C	-OI MUN	23d. LOCATION	200	-0
	(	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
		urial JNERAL DIRECTOR	112-23-		1t Zior	25a. DAT	othian Md	25b. REGISAL ARIS SIC	SNATURE
	Ha	rdesty FH, 12 Ri	dgely A	ve, Anna	polis,	1d.21401	.UZ3 1980	holes	VI CONTRACTOR OF THE PARTY OF T



		1.	FOR - STATE REGISTRAR AMET.T.	DEPAR A MARY MORGER:	TMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		3	0 1	44
CHEN !			CEASED NAME FIRST	MIDDLE		AST	REG. NO 20 DATE OF DEATH M	AONTH DAY	YEAR 26	HOUR
(A) (D)		(iire	AMELII	4 MARY	Mod	GERETH	DECEMBE		80	250 M
4 0 0		3. SE		4 RACE	5. DATE (	DAY YEAR	6 AGE (IN YEARS LAST BIRTH			UNDER 24 HRS
oge		7 0	rthplace (State or Foreign	WHITE	JAN	. 8, 1894	86	YRS		
oth. P	3	C	OUNTRY) ALTO., MD.	U.S.A.	MARRIE	DIVORCED	9 BALTIMORE CITY OR ANNE AF	-		ry
the fun		_	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12a USUAL OCCUPATIO	N	12b. KIND OF B	MID.
by th	54	6	En BURNIE	NORTH ARUNDEL	MIRSI	IS & CONU. CENTER	(TYPE OF WORK FOR MOST OF NURSE	WORKING LIFE)	HOSP	TAL
filled in ould be	35	USU -¶3a. S	AL RESIDENCE (IF NURSING) — MED STATE — COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFI INTY 136. CITY OR TO BALT IN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3233 DU	DLEY	AVE.	
12 sh		14 FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			17.	
omple 3	00		CARL	LORE		ELIZABETH			dford	
ond coges	7			VE WAR OR DATES)			Son) ADDRES		_	urn Ro
rs.Pg			NO	N/A 213.38	.9728	Mr. Henry	y J. Morge	reth		rsvill TE INTERVAL SET AND DEATH
en signed by the ottene. Then please remove control buriel, cremotion, in injury, or other traumon.		NOIL		DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT	ele comi	MINAL DISEASE OR COND			
hos be	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ń was Pérformed	200 AUTOPSY?		WERE FINDING: NG CAUSES OF	
ertificate iol-tronsit ntol Hygie em 18 sho	9		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ALL CONTRACTOR OF THE PARTY OF	DAY YEAR	21¢ HOW INJURY OCCUR				
h ond Me		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	7	COUNTY	STATE
VERAL DIRECTOR: Af be detoched for use of State Dept. of Health	AN		220.1 certify that (I) (this hosp	oitol) ottended the deceased from n 19.00 Mew the body offer death.		nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICS	F AN 🗌	22c. DATE SIC	GNED 7 80
TO FUNERA should be do with the Stol			Mustafa		up,		A Blud Se			
		23a. (	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY HOLY Redeen	23d. LOCATION CITY OR TOWN	co	TINUCAS C	STATE
BP 1 - 16 50M 1/76 'R A 15 (4) }		24 F	BURIA UNERAL DIRECTO NAME Singleton F	Suneral Home	Gler	Burnie 350. DAT	E REC'D. BY REGISTRAR 2	nore.	THE STATE OF	7

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 1 4 5
CERTIFICATE OF DEATH

	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST		IDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		ESTELI	LE I	FLORENCE	N	IUSGROVE	DECEMBI		980	2:30P M
	3. SE	Female	4. RACE Whi	te	S. DATE O		6. AGE (IN YEARS LAST BI	YRS.	HS DAYS	IF UNDER 24 HRS HOURS MIN.
18	Pa. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)  REPLACE  REPLACE  (STATE OR FOREIGN  REPLACE  (STATE OR FOREIGN		A.	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	ARUNDEL		TY MD.
4		LEN BURNIE	11. NAME OF H (IF NOT IN SUCH NORTH	OSPITAL, NURSIN IFACILITY, GIVE STREET ARUNDEL	G HOME O	TAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	26. KIND OI NDUSTRY	f BUSINESS OR hing
E	Ma	AL RESIDENCE (IF MURSING HOME OF STATE 136, COUL ryland finne		13t. SITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 277 Beach	Ave.	N. P.	21122
20	14. FA	THER'S NAME Unknown	WIDDLE	Green	ı	15 MOTHER'S MAIDEN NAM	known MIDDLE		LAST	ı
	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? VE WAR OR DATES)	220-05-4	641	Wilbert Elsn	and San	ne as #1	3	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DBY: TE CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  AS CONSEQUE	NCE OF NCE OF NCE OF	NOT RELATED TO THE TERM  WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	IN CERTIFYING CAUSES OF DEATH?		
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING   211b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  21l. LOCAT								that (1) (we) lost couses stated
1		DAVID SCHWA	RTZ,M.D.			GLEN BURN	IE. MARYLAN	- 01011		3.17
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	12/27	/1980 Mz	t. 01	21122 1910	23d. LOCATION BOLLING R E RECTO. COMMITTEE	25h Dichet 149	DUNTY	Mil.
	Me	c Cully F.H.Mtn	. & Tick	Neck Rds	., Pas	adena, Md.	0 1000	, /		/

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and us 73	about the	34 1434-	20467	NAME AND THE PARTY OF THE PARTY	

		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.  2e. DATE OF DEATH MONTH D.	AY YEAR 2b.
1	TYPI	Elizabeth	h Marv	Naehrlich	December 7. 198	30
) /	3. SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR F
1	I	Female	White	July 27 1883	97 YRS M	ONTHS DAYS HO
d at	70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
Day 1	_	ew York	U.S.A.	WIDOWED DIVORCED	Anne Arundel Co	
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E 25	130	AL RESIDENCE I IF NURSING HOME OF STATE 136 COUN		I 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 99 Hammonds Lane	e
exa	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAV	ME	LAST
3000			Spiedel			Hour
e med		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
t, the		NO		Robert Heck	ler 99 Hammonds La	
ic eve		PART I. DEATH WAS CAUSE		dre.		SETWEEN ONS
mat		IMMEDIAT	TE CAUSE (a)	at cours	1 0 1	
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-		Conditions if you which	( V + to	20 losotre	Heart Uses	
other t		Conditions, if ony, which gave rise to immediate	1 1b) Chte	inselection	Heart Dries	4
, or other t			DUE TO, OR AS A CONSEOU	inselection	Heart Orses	1
٥, ٥		gave rise to immediate cause 101, stating the underlying cause last	(c)	inselection		N IN PART I(a)
injury, or	NOI	gave rise to immediate cause 101, stating the underlying cause last	(c)	marelerote ENCE OF		N IN PART I(a)
any injury, or	ICATION	gave rise to immediate cause 101, stating the underlying cause last	conditions contributing to	ENCE OF  DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	WERE FINDINGS
shows any injury, or	RTIFICATION	gave rise to immediate cause 101, stoting the underlying couse last  PART 2 OTHER SIGNIFICANT OF THE PROPERTION	CONDITIONS CONTRIBUTING TO	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES NO YES YES	WERE FINDINGS
18 shows any injury, or	L CERTIFICATION	gave rise to immediate cause 101, storing the underlying couse last	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216, TIME OF INJURY	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIVE  20a AUTOPSY? 20b IF YES. IN CERTIFY	WERE FINDINGS
or Item 18 shows any injury, or		gave rise to immediate cause 101, storing the underlying cause last part 2 OTHER SIGNIFICANT OF THE OF OPERATION  710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216, TIME OF INJURY HOUR A.M. MONTH D P.M.	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19	200 AUTOPSY? 200 IF YES NO YES YES	WERE FINDINGS
Item 18 shows any injury, or	MEDICAL CERTIFICATION	gave rise to immediate cause 101, storing the underlying cause last  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET	200 AUTOPSY? 200 IF YES NO YES YES	WERE FINDINGS (ING CAUSES OF DITTOR PART 2)
em 21 is marked or Item 18 shows any injurv, or		gove rise to immediate cause 101, storing the underlying couse last  PART 2 OTHER SIGNIFICANT OF COURSE OF OPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK SOW the deceased olive on sow the deceased olive on	(c)	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211: HOW INJURY OCCURP  FARM, ETC.)  211: LOCATION  STREET	700 AUTOPSY?  YES NO YES  RED LENTER NATURE OF INJURY IN ITEM 18, PA	WERE FINDINGS (ING CAUSES OF DIRT I OR PART 2)
If Item 21 is marked or Item 18 shows any injury, or		gove rise to immediate cause 101, storing the underlying couse last  PART 2 OTHER SIGNIFICANT OF COURSE OF OPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTH' MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK SOW the deceased alive on above, (1) (we) (did) (did no 127b. SIGN ATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 10) attended the deceased from 19 View the body after death.	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN E	200 AUTOPSY?  YES NO YES  CITY OR TOWN  100 AUTOPSY?  YES NO IF YES  YES NO TOWN  CITY OR TOWN	WERE FINDING: (ING CAUSES OF )  INT I OR PART 2)  COUNTY
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em 21 is marked or Item 18 shows any injurv, or	WEDICAL WEDICAL	gave rise to immediate cause 101, storing the underlying couse last  PART 2 OTHER SIGNIFICANT OF THE SIGNIFI	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I)  11) View the body after death.  23b. DATE  23c. 123c.	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN E	INAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  YES   NO   YES  RED (ENTER NATURE OF INJURY IN ITEM 18, PA  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR   PHYSICIAN    WAS FEIGHTY RD  1234, LOCATION	WERE FINDINGS (ING CAUSES OF DIRT I OR PART 2)

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Cully F. H. Mtn. & Tick Neck Rds. , Pasadena, Md.

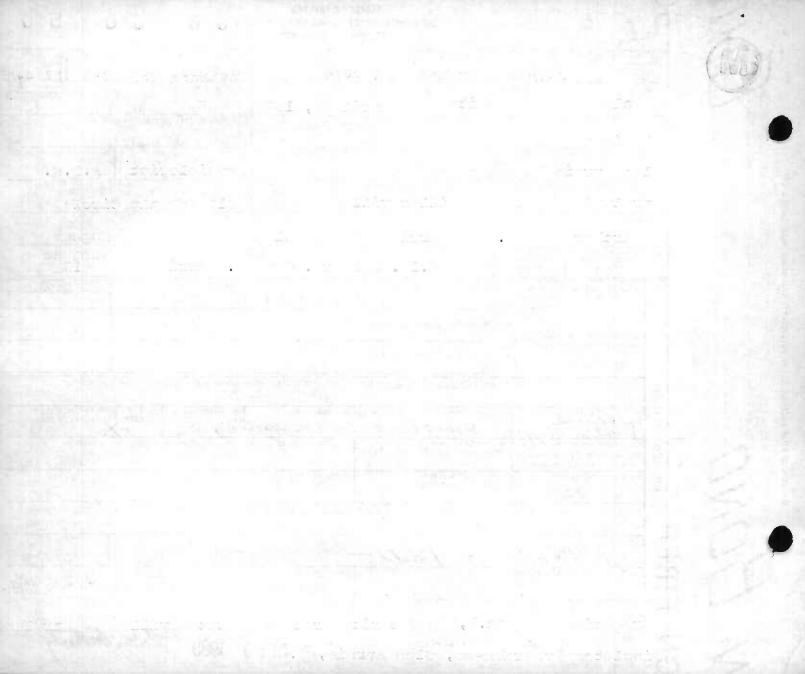
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	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U REG. NO.	3 0 1 4 9
		CEASED NAME FIRST	WIDDLE	į,	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	(TYPE	E OR PRINT) ANNA	A. NOCAR			12-	25-80 2015 M
	3. SE.		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE	WHITE	MONTH 8 -	3-05	75 vs	MONTHS DAYS HOURS MIN.
1	7a B	IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	<b>V</b>	9. BALTIMORE CITY OR COU	
		MARYLAND	U.S.A		NEVER MARRIED L	AAC.	MD.
T	10. C	ITY OR TOWN OF DEATH		TAL, NURSING HOME C	PR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
-	G	EN BURNTE		JDH. HOSPST	ΓΔΤ	Housewife	G LIFE) INDUSTRY
5	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 13% COU	ROTHER INSTITUTION, GIVE RENTY	SIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 311- 1st. A	Ave. S. W.
		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	LAST
4	A	nthony	= Da	niels	Anna	Adele	Rukstialis
		VAS DECEASED EVER IN U.S. AI	WE WAR OR DATECT	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
1		no	2.1	.7-34-3576	John A. N	locar same	as above
-		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line to	ar (a), (b), and (c).)	7	. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
J			TE CAUSE (a)	uspic	renal far	lue	Years
		4280	DUE TO, OR AS	CONSEQUENCE OF	0	I 1	
1		Canditions, if any, which gove rise to immediate	(b) G	luniz 1	engestre	Tarlin	gens
ı		cause (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF			
ł			(c)				
١	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRE	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
)	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
7	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	
		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY YEAR			
١	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN.	JURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAI	CTORY, OFFICE FARM, ETC )	SIREEI	CITIONIONI	200177
		22a I certify that (I) (this hasp	ital) attended the dece	eosed from /2-	19 8 9		, 19 , that (1) (we) last
I		sow the deceosed alive or obove, (I) (we) (did) (did n	7	. 19 / 9 00	d that in (my) (aur) apinion (	death occurred an the date and	haur and Iram the causes stated
		22b. SIGNATURE	key ller		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c DATE SIGNED
		22d PHYSICIAN'S NAME (TYPE	Do H.	no	22e. ADDRESS	hart Rd. G.	lon Burnize, 206,
		BURIAL, CREMATION, REMOVA (SPECIFY)	12/29/8		edeemer Cen	23d LOCATION CITY OF TOWN Baltimore	== Maryland
	24 FU	UNERAL DIRECTOR		ADDRESS		E REC'D. BY REGISTRAR 25b. REC	STRAR'S SIGNATURE
		Raymend C	Fink G	len Burnie	n bm.	maga 1980	along / hours

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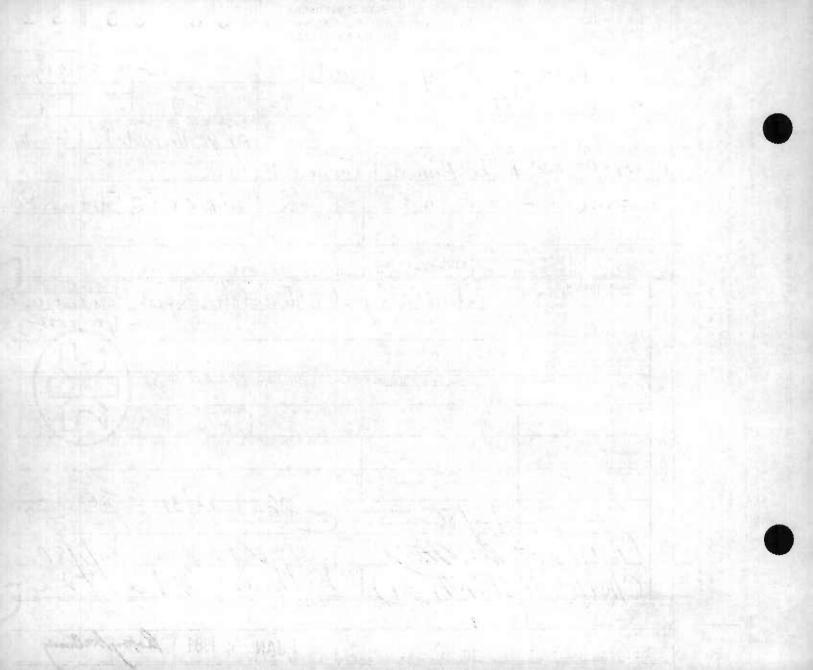
cancelle FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE check, - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME MIDDLE YEAR 2h HOUR (TYPE OR PRINT) Hughes ARTHUR NORRIS DECEMBER 06 980 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS S DATE OF BIRTH MONTH HOURS White Male 1925 25. 55 April 7a. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Indiana USA WIDOWED DIVORCED T NNE ARUNDET 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie Physiologist N.I.H. ARUNDEL HOSPITAL DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P Maryland AA Millersvil 913 Oakdale Circle QES [ 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME N MIDDLE FIRST MIDDLE Hughes Arthur G. Della Norris 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Wife ADDRESS Same as IYES. NO OR UNKNOWNI I (IF YES, GIVE WAR OR DATES) 496.18.5555 Mrs. Jean K. Norris 13 WW II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ARDIO MYOPATHY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION PACE MARER any 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? CORDING OVERE inspetion NO 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 5 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from 80 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abase (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED MEDICAL MPORTANT: IF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e. ADDRESS shauld be WEISFELDT 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY Dec, 7,80 Security Process Cremation Catonsville 24 FUNERAL DIRECTOR 25a. DATE REC'D BY REGISTRAR DHMH-16 60M 1/73 Singleton Funeral Home, Glen Burnie, Md. (VR A 15 (4))



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A TABLE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T A CONTRACT OF THE PARTY OF THE . co Cobmerca con-OFF HEST OF Total Common and Commo Mi. It. Long the state of the s rerognia i The Committee of the other state bearing the State of the te (1000 , branch . N. alienam . To some - Bull I all the standard translated the Teller the single was designed to the single was designed the



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		CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR	2b HOUR
		HR	denia Bell	HARKER	/	2 17 80	
	3. SI	Female	Black 5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER LYEAR  MONTHS DAYS  YRS.	HOURS MIN.
21	-7a. E	RTHPLACE (STATE OR FOREIGN COUNTRY)		ARRIED X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
ed o	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		12a. USUAL OCCUPATI		OF BUSINESS OR
53	A	NNApoLis	A A GONESTA		SChEL 18	WORKING LIFE) INDUSTRY	
26	USU 13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM UNTY 13c. CITY OR TOWN	ISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1	^
00	14 E	Md A	A. ANNApel	15. MOTHER'S MAIDEN N	2003	torest L	)r100
121		FIRST	MIDDLE LAST	NANN	MIDDLE	Ro, "	AST
		VAS DECEASED EVER IN U.S. A			ADDRE	SS AINNA PO	Lis. not
		YES, NO OR UNKNOWN) (IF YES, C	22036-9	404 James E. 1	Parker 20	or forest	Drive
		18. CAUSE OF DEATH (Enter	only ane cause per line for (a), (b), and (c)	) / /	0	APPROX BETWEEN	XIMATE INTERVAL
event, the			ATE CAUSE (0) METAS TO	ATIC BREAS	T CANCE	12 3	VRS
Troumofic		1749	DUE TO, OR AS A CONSEQUENCE	E OF			
		Conditions, if ony, which	(b)				
omer		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	E OF			
5			(c)				
, i	Z	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEA	H BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1	(0)
0	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDS	INGS USED
7	F				YES NO	IN CERTIFYING CAUSES	S OF DEATH?
0		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART I OR PART 2)	
9	₹ V	OR CONTRIBUTING CAUSE OF D	ZEATH	19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE FARM,	21f. LOCATION STREET	CITY OR TO	wn county	STATE
	1	AT WORK NOT WHILE AT WORK					
		22a.1 certify that this has	pital) attended the deceased from	12-6 19 50	, 10	7 19 60,	, that (I) we lost
			on	, one morning, (our, opinion	death occurred on the do		
		726. SIGNSATURE	11 Stan	DEGREE ATTENDING	MEDICAL STAF	F _ 17 -	E SIGNED
<u></u>		THE BHYSY TAN'S NAME I'M	GCCCVVI)	PHYSICIAN (	DIRECTOR   PHYSIC	IAN	// -00
MPOKIANI:		Andrea	ON UST	4 . 1 . 4	LATAL A	www.2001's	mal
	73n	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c. NAM	E OF CEMETERY OR CREMATORY		- NN APOLIN	1114
	1	PRECIFY)	12-22-1980 141	LL CYEST	ANN APO	COUNTY	STATE
)	24 F	UNERAL DIRECTOR	1		TE REC'D. BY REGISTRAR		E.P.
	di	SNAME WICKS 19	922 Forest And	ani md D	FD 2 2 1980	and hard and	7

	١,	FOR - STATE	Di	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO	GIENE 8 0	30154
		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTI	FICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR
y be		FANA	VIE E.		PEDDICORD	12.	- 23 - 80 5 45/p
4 moy	3. SE	FEMALE	4 RACE	5. DATE MON		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
oth. Pog	7a B	IRTHPLACE (STATE OR FOREIGN OFFICE OF THE PROPERTY)	76 CITIZEN OF WHAT COL	INTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR COL	
filed within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF Anne Anne I	Gen. Ho	or other institution dpital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Retired ear	12h VIND OF BUSINESS O
filled in nould be	Mc		CO. GIVE RESIDEN	CE BEFORE ADMISSION OR TOWN ALOR	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 47 Wallace	Manor Rd .
ed withii ompletely and 2 st		ATHER'S NAME (ichael	Peddicord	AST	Marietta	MICOLE	Straffer
be execut on ond co	16a V	VAS DECEASED EVER IN U.S. AI		50-8682	Joseph M. C	onnell same as	s 13a-e
ING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours or attending physicion.  After this certificate has been signed by the attending physicion and completely filled integrate britishers as the britishers permit. Then please remove corbon papers. Pages I and 2 should be file the and Mental Hygiene prior to burial, cremation, or removal.  orked or them IB shows any injury, or other traumatic event, the medical examine must be factored.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSEOF DE	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR  216. TIME OF INJURY	NG TO DEATH BU  LEVEN WHICH OPERATION	DN WAS PERFORMED	INAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO AUTOPSY IN CE  YES NO AUTOPSY IN TEA	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
uG PHYSICIAN: ottending phys ter this certifico is the buriol-tra n and Mental Hy rked or ttem 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE AT WORK  AT WORK	71111	19	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND spitol o CTOR: A for use in fleol			1 7 7			death occurred on the date and	that (I) (We) la
by the by the ERAL DIII	1	22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OF	meller fr	ly	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 12-24, 80
TO HOSPITAL (retoined by the TO FUNERAL Is should be deto with the Store Impropriate Improgramm; if	230-5	F.M. SI	HIPLE	12 NAME OF	anno	polis	md.
BP		PURIAL CREMATION, REMOVAL	23b. Dec. 27,19	86 St. Ma		23d LOCATION Stery W OR TO Annapol	
DHMH - 16 50M 1/76 (VR A 15 (4) )		NAME TIMETAL HOLL	me. 1212 West	S An	napolis Md. DE	E REC'D. BY REGISTRAR 251 PE	of try Million

reemframen bride Lot into .net John ... dura Total reput contain the same and the same an Manager or with the real transfer of the contract of the . 4. a. 1 190 II. Martin W. Martin . 1 190 II. I 080 I. II. 024 Hall marel des, 1210 but ... Armoolfs, A. December 1210 but and the control of th

## STATE OF MARYLAND FOR

SINGLETON FUNERAL HOME, GLEN BURNIE, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR				CERTIF	CATE OF DE	ATH	RI	G. NO.		
I. DECEASED NAME	FIRST	7,114,154	WIDDLE	L	ST		20. DATE OF DEA		DAY YEAR	26 HOUR
( Jon Philip	FREDI	ERICK	JOHN	PFF	IFFER		DECE	MBER 1	9,1980	
3. SEX MALE		RACE WHI	TE	5 DATE O	DAY	891	6 AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN
79. BIRTHPLACE ISTATE COUNTRY) MARYLAN			•A •	? 8 MARRIED WIDOWE	NEVER MA	RRIED	9 BALTIMORE C ANNE	AR UND		• ^
ANNAPOL			HOSPITAL, NURS ENFACIUTY, GIVESTRE ARUNDET				120. USUAL OCC (TYPE OF WORK FOR) GENL • M.	MOST OF WORKING		ELECT
USUAL RESIDENCE (# 130 STATE MARYLAND	NURSING HOME OR COUNT ANNE	OTHER INSTITUTION	GIVE RESIDENCE BEFO 13. CITY OR TO EL PASA	ADENA	13d. INSIDE CITY	LIMITS?	13e. STREET ADDI		DENA RO	OAD
14 FATHER'S NAME FIRST		DDLE VKNOWN	LAST			LOTTE	NE MID	DLE	UNKN	own
160 WAS DECEASED E (YES, NO OR UNKNOWN YES		WAR OR DATES)	215-05		A MRS	(DAUC		KIDWE	me as a	# 13
	any, which immediate tating the buse lost.	(b)	R AS A CONSEON	UENCE OF	NOT RELATED TO	Port	P DIS	CONDITION	GIVEN IN PART 10	0)
SIG. ACCIDENT WAS	ERATION	19b. COND	ITION FOR WHIC	H OPERATION	WAS PERFORM	NED	YES NO	IN CER	YES, WERE FINDING TIFYING CAUSES	
OR CONTRIBUTING	CAUSE OF DEAT	(1	DF INJURY M. MONTH [ M.	DAY YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTER NATURE C	OF INJURY IN ITEM 1	8, PART 1 OR PART 2)	
21d. INJURY OCC	OT WHILE TWORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
22a I certify tha	eased olive on_ e) (did) (did not)	view the bady	e deceased from		d that in (my) (at GREE	ENDING _	eath accurred on	STAFF	our and from the	causes stated
23a. BURIAL, CREMATIO		23b. DATE	_		METERY OR CRE		23d. LOCATION	N	COUNTY	STATE
BUR:	IAL	22 D	EC'80	CEDAR	HILL	CEM.	BROOM	KLYN P	ARK A	A N

25a. DATE REC'D. BY REGISTRAR 25h. R

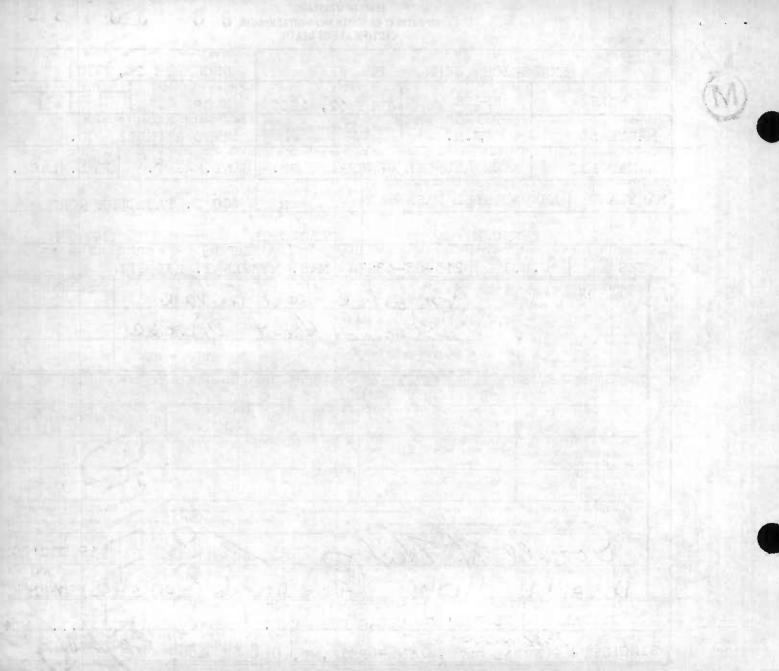
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

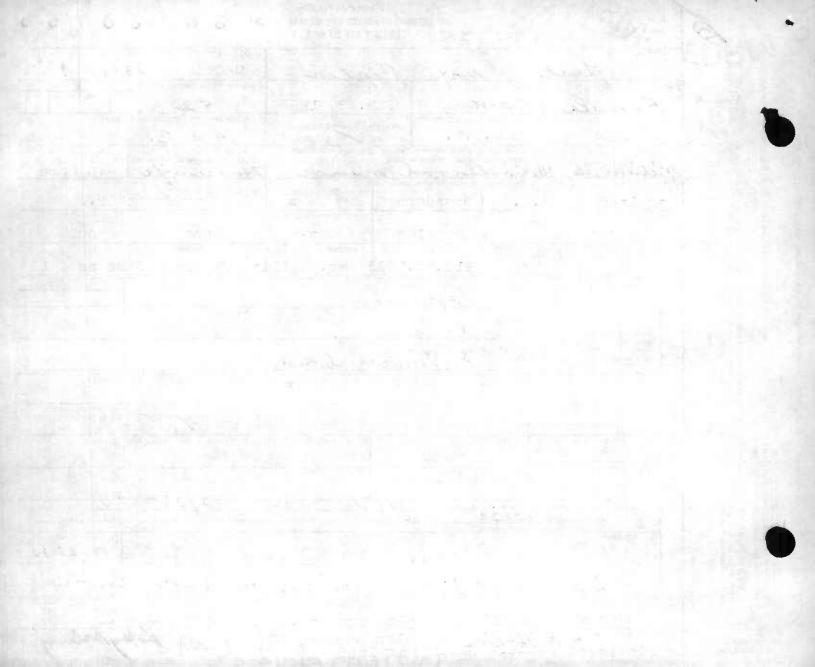
24. FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpaper. Fagure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital or attending physician.





£ .	1.	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 Û	30157
e 0 4		CEASED NAME FIRST TONY	MIDDLE	PLEYO	19 Dec. 80	NTH DAY YEAR 25 HOUR 9010
o Para	3. SE		1 RACE CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR JULY 22 1918	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN
ath. Pag	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	7.1	9 BALTIMORE CITY OR C	Idel
rs offer de by the fun filed with		TY OR TOWN OF DEATH  + Meade	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR
AND 2120 AND 2120 124 hours filled in b. rould be fill	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	NTY 13¢ CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	da AVE Oderton
MARYLAND 21201 ed within 24 hours or and 2 should be filed in by cond 2 should be filed how	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST SARA	AME	M : LAST 1 C
BALTIMORE, M cate be executed ysician and composers. Pages 1 ar val. t, the medical &x		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES	CURITY NO. 17 INFORMANT	ROSE ADDRESS DNY PICYO	326 NOVADA AVE ODENTONIMD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTI NG PHYSICIAN. The law requires that the death certificate b attending physician. After this certificate has been signed by the attending physician st he burial-transit permit. Then please remove carbon papers, th and Mental Hygiene prior to burial, cremation, ar removal. arked ar Item 18 shaws any injury, ar other traumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line far (a), (b),	volac andst	neer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MANUALISE  / Year
AL RECORDS, 20 The law requires into. It permit. Then plinene prior to burinows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20	ON GIVEN IN PART 1(a)  Ob. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \)
VISION OF VITA  G PHYSICIAN, T antending physici antending physici strending certificate s the burical-transit and Mental Hygi	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN	COUNTY STATE
Ok ATTENDI Ok ATTENDI e haspital ar DIRECTOR: A sched far use Dept. of Heal		22a I certify that (I) (this hasp saw the deceased alive as	view the body ofte death.	, and that in (my) (our) opinion  DEGREE  ATTENDING	, to	and have and from the causes stated
TO HOSPITAL retained by the TO FUNERAL with the State MAPORTANT: It		, ,	SR PRINT)	22. ADDRESS Kimbroug	gh Hspt., Ft	. Meade, Md.
BP	(	ourial, Cremation, Removal SPEC Burial	23b. DATE 23 Dec. 80	Md. Nat'l.Cem.	Laurel, H	Ioward, Md
DHMH - 16 50M 7/77 {VR A 15 (4)}	24. FU	James S. Ki	irkley. Glen	Ext	EC 2 6 1980	REGISTRAR'S SIGNATURE

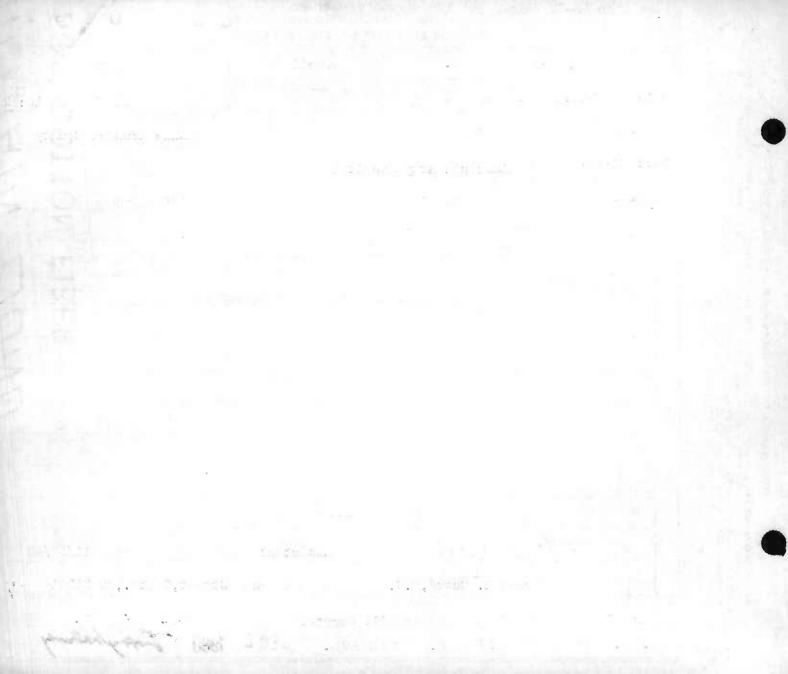
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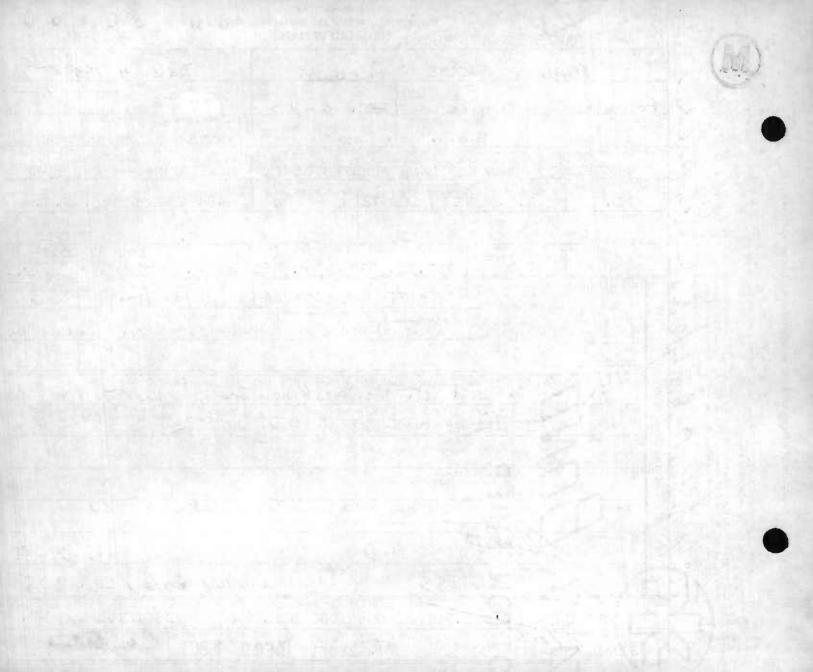
				SIAI	E OF MARYLAND	Ah	2 2	
	1.	FOR STATE				GIENE 8 U	3 0	1 2 0
		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.	
			FIRST	MIDDLE	LAST	20. DATE OF DEATH		AR 2b. HOUR
	TYPE	E OR PRINT)	VOIE	MAE 1	OWELL	12-27-	RD.	32:00 A
	3. SE			5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER ITY	
			1. /	MONT	H DAY YEAR	Sa		
	7a D	IDTHIDI ACE	TI CITIZENIO		- 31- 109	01	YRS.	
100	,	COUNTRY)	0 1 7	MARRIE MARRIE		DALTIMORE CITY C	A COUNTY OF DEATH	50
9	10.0	sacra in				600	way a	1.U. MD
0	A.	INNAPOLIS,				TYPOF WORK FOR MOST	JEWORKING LIFE) DINDUS	ID OF BUSINESS OR
9		1300 60			T mospital	retired	Lerk, Peta	il
-	13a S	AL RESIDENCE (IF NURSI	ING HOME OR OTHER INSTITUTIO		113d INSIDE CITY LIMITS?	134 STREEN ADDRESS	1	
0		**Q a	A.A. O.	Severna Park	YES NO	513 "est	r.	
			MDDIE -					
20	1	MITCHEIT	MIDDLE	owell	Laura	WIDDLE	Taylor	ŁAST
1					17 INFORMANT		ESS	
(	(	452' NO OUD NOMN)	(IF YES, TOY BAR OR DATES)	219-10-6349	Nancy Klein,	1326 Passa	ge Dr. Od	enton. Md.
				1 1 1 1 1 1 1 1 1	1			
		PART I. DEATH W	H (Enter anly ane cause po AS CAUSED BY:		III MANIAN V	1 5 Dom.	BETW	EEN ONSET AND DEATH
		-1011	IMMEDIATE CAUSE (a)_	TOUTE !	OCHOWAILS	Chello	7:	
		5/84	DUE TO,	OR AS A CONSEQUENCE OF			ST TANKS	
							Charles and Control	
F	15			OR AS A CONSEQUENCE OF			44.95	
		underlying cause	last.	on As A consequence of				
	100	PART 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN PAR	I I(a)
	N			1 ANTHRA	TIP			
	ATI	19a. DATE OF OPERAT		DITION FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	VDINGS USED
	F			- 1/		VF4 (7) —10 (7)		
	ERT	21- ACCIDENT WAS LIND	EDIVING T 216 TIME	OF INTITIPY	1214 HOW INDIVIDED OCCUP			
1		2.22			210. HOW HAJOR! OCCUR	(ENTER NATURE OF INJU	RY IN HEM 18 PART I OR PART	1 2)
1	Ų.	(IF EITHER, NOTIFY MEDIC	ALEXAMINER)					
	ED	1	LATHOME 5		21f. LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
	2	AT WORK NOT WHI	ILE I	meer, racroat, orner, rank, ere y	0		_	
		220.1 certify that	(this hospital) attended t	he deceased from 11-	7 7		7- 19/0	, that (D (we) lost
		saw the decease	d aliya og 12-2	7- 19 8/0.0	nd that in my (our) opinian	death accurred on the d	ote and hour and fram	the causes stated
			lid) (aid not) view the bad	y direr death.				
		101	N 10 11.	Al us m	A ATTENDING	_ MEDICAL STA	FF / 7	2-27-00
	-3	11310	IN CONA	11 rync "	PHISICIAN	DIRECTOR   PHYSIC	CIAN	- 21-00
		22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)	1		_ /	1	2/2/1/
		DECEASE NAME  REGISTRAR  REGISTRA	onton	1 21204.				
	23n (	DEPARTMENT OF HEALTH AND MENTAL HYGINE  REGISTRAR  CERTIFICATE OF DEATH  REGISTRAR  REGI						
	DI	artal	12-2	9-80 Mt. Ho	lly Cemetery	Onancoc	k. Va.	STATE
	24. FI	UNERAL DIRECTOR	alle Tol	200				NATURE ,,
1	Be	all Funera	I Home, 121	2 West St., An	napolis, Md.	DEC 3 0 198	property	McCreody
							200	

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TARE SOUND STATE MARY AND STATE MARY	S. DATE OF BIRTH   YEAR   10 AGE (IN YEARS MONTH   DAY YEAR   LAST BIRTHOAY)   10 18 36 44 YRS.   44 YRS.   44 YRS.   45 YRS.   45 YRS.   45 YRS.   45 YRS.   45 YRS.   46 YRS.   46 YRS.   46 YRS.   47 YRS.   48 YRS	MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   DIVORCED   NEVER MARRIED   PRONOUNCED DEAD  9. BALTIMORE CITY O  Anne A  20. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)  10. STREET ADDRESS 617 Spaulding  NAME  MIDDLE B.  ADDRESS 11 3617 Spauld	Arundel Count FOFWORK 12b. KIND OF BUS OR INDUSTR  Avenue  LAST Burgess	
IO. CITY OR TOWN OF DEATH  Fort Meade  USUAL RESIDENCE (# IN NURSING/HOME  130. STATE  130 COUN  Maryland  14. FATHER'S NAME  FIRST  Jimmie  160. WAS DECEASED EVER IN U.S. AR  YES NO. OR UNKNOWN)  III. CAUSE OF DEATH (Enter or  PART I DEATH WAS CAUSE  Conditions, if any, which gave rise to immediate cause (o) stoting the under lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS  A	II. NAME OF HOSPITAL, NURSING HOME, C.  III. NAME OF HOSPITAL, NURSING HOME, C.  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Kimbraugh Army Hosp  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  ITY  III. CITY OR TOWN  Baltimore  MIDDLE  LAST  POWell  MED FORCES? WAR OR DATES)  III. DE CAUSE (a).  Arteriosclero  (b).  DUE TO, OR AS A CONSEQUENCE OF  (c).	widowed Downced OR other institution 12/ pital 130. INSIDE (ITY LIMITS? 13/ YES NO 36 15. MOTHER'S MAIDEN IN Blanche NO. 17. INFORMANT 2 Jimmie Powel	P. BALTIMORE CITY OF Anne Anne Anne Anne Anne Anne Anne Ann	Arundel Count Arundel Count FOFWORK 126. KIND OF BUS OR INDUSTR  Avenue  LAST Burgess  Ling Avenue
Fort Meade  USUAL RESIDENCE (# IN NURSING HOME 130. STATE Maryland  14. FATHER'S NAME FIRST  Jimmie  160. WAS DECEASED EVER IN U.S. AF YE'S O. OR UNKNOWN)  18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (o) stoting the under lying couse lost.	III. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Kimbraugh Army Hospital (INC.)  Kimbraugh Army Hospital (INC.)  III. NAME OF HOSPITAL, NURSING HOME, (INC.)  RIP NOT IN SUCH FACILITY, GIVE RESIDENCE BEFORE ADMISSION IN SUCH TOWN Baltimore  MIDDLE  LAST  Powell  MED FORCES?  WAR OR DATES)  III. NAME OF HOSPITAL, NURSING HOME, (INC.)  POWELL  LAST  POWell  MED FORCES?  WAR OR DATES)  III. NAME OF HOSPITAL, NURSING HOME, (INC.)  POWELL  LAST  POWell  MED FORCES?  WAR OR DATES)  III. NAME OF HOSPITAL, NURSING HOME, (INC.)  POWELL  LAST  P	or other institution   12/ pital   13d. INSIDE (ITY LIMITS? YES NO   36/   15. MOTHER'S MAIDEN FREST   Blanche NO.   17. INFORMANT   2   Jimmie Powel	20. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)  30. STREET ADDRESS 617 Spaulding  NAME  MIDDLE B. ADDRESS 11 3617 Spauld	Avenue  LAST Burgess ling Avenue
130 COUNMARY 130 COUNMARY 130 COUNMARY 130 COUNMARY 14. FATHER'S NAME FIRST  Jimmie  160. WAS DECEASED EVER IN U.S. AR  YES NO. OR UNKNOWN)  18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (o) stoting the under lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	MIDDLE  MIDDLE  MED FORCES? WAR OR DATES)  Ally one couse per line far (o), (b), and (c).)  D BY:  TE CAUSE (a)  ARTERIOSCIENCE  (b)  DUE TO, OR AS A CONSEQUENCE OF (c)	13d. INSIDE CITY LIMITS?   13d. YES & NO   36   36   36   36   36   36   36   3	NAME  MIDDLE B.  ADDRESS 11 3617 Spauld	Burgess ling Avenue
Jimmie  Ita. WAS DECEASED EVER IN U.S. AF YES NO. OR UNKNOWN)  Ita YES, GM  Ita YES	MDDLE Powe11  MED FORCES? WAR OR DATES)  Il 6b. SOCIAL SECURITY N 215-30-493:  Ily one couse per line far (o), (b), and (c).) D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	Blanche NO. 17. INFORMANT Jimmie Powel	MAME B. ADDRESS 11 3617 Spauld	Burgess ling Avenue
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Conditions, if any, which gave rise to immediate cause (a) stating the under lying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (a) Arteriosclero  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)		ular disease	APPROXIMATE BEI WEEN ONSET
	196. CONDITION FOR WHICH OPERAT	AL DISEASE OR CONDITION GIVEN IN PART 1	10.	20 11/2002
TIEGO OF EXPLORA	196. CONDITION FOR WHICH OPERAL	TION WAS PERFORMED?		20 AUTOPSY?
190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED  WHILE NOT WHILE	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	21c. HOW INJURY OCCURRED (	ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
220. I certify that I taak char death resulted from: No.	ge of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, held an august of the remains described above, and the remains described above, and the remains described above, and the remains described above, and the remains described above, and the remains described above, and the remains described above, and the remains described above, and the remains described above, and the remains described above.	Autopsy X. Inspection C	Undetermined manner .	d in my opinion
ACTUAL SIGNATURE	Shaw	M.D. Assistant	_MEDICAL EXAMINER	DATE 11/30/
	ormez R. Guard, M.D.	ADDRESS111 Pent		:o.,MD 21201
230.BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		TERY OR CREMATORY 1  Cemetery	23d.LOCATION CITYORTOWN Baltimore	CO.

15M 2/80





						REG. NO			
		EASED NAME FIRST	MIDDLE	L.	AST QUEEN	2R DATE OF DEATH	MONTH DAY	YEAR 2	h. HOUR
	(TYPE	OR PRINT)	DARNELL	mi	dala E	17-17	7- 01	100	2.45
1	SEX	DHVID	1 RACE	5. DATE C	S BIOTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	PIYEAD	IF UNDER 24 HR
	SEA	10 1		MONTH		W. AOL (III TEAMS LAST SMI	MONTHS		HOURS MIN
m		Male	Negro	12	17 80		YRS.		1 3:
Ш¥		THPLACE (STATE OR FOREIGN UNTRY)	Th CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE	ATH	
60	r	naruland	U.S.A.	WIDOWE		anne C	Erundel		A
100	0 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATI			BUSINESS C
5-1	1	inna polan	anhe arunde	1 0	exal Hospita	/ (TYPE OF WORK FOR MOST O	WORKING LIFE) I IND	USTRY	
1	JSUA	L RESIDENCE LIE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)					
35 i	Ja S VAI	YLAND 136 CAUN	A. Cobenton	WN	YES NO NO	1332 Chapl	e View Dr	ive	
1	4 FA	THER'S NAME	APDV5	CATLE	IS MOTHER'S MAIDEN N	AME			
21		FREDERICK '	ADDLE QUE	EN	FIRS EVER			LLIN	S
1 10	6a W (Y	AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEG	CURITY NO	IT INFORMANT EVERDEAN MI	DDLETON 1332	ouent	on, iew	Md Dr:
-		10 CALISE OF DEATH (Fotor on	ly one cause per line for (o), (b),	and ici i			1.	APPROXW.	ATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY	M.	4TURIT		-	71/	SET AND DEATH
		IMMEDIAT	E CAUSE (0)	101	710141	1		3/	_
	- 13	1651	DUE TO, OR AS A CONSEO	UENCE OF			1303		
-		Conditions, if ony, which gove rise to immediate	(b)						
		couse (o), stating the	DUE TO, OR AS A CONSEO	UENCE OF			Lav de l		
		underlying cause last	(c)					1500	
	,	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN F	ART No	
9	CERTIFICATION	% DATE OF OPERATION	196 CONDITION FOR WHIC	'H OBERATIO	NI WAS BERSORASED	200 AUTOPSY?	20h. IF YES, WERE	EINDING	SE LISED
61	5	IN DATE OF OPERATION	170 CONDITION TOR WITH	. IT OFERATIO	N WAS FERFORMED		IN CERTIFYING	AUSES O	F DEATH?
1						YES NO	YES 🗌		ио 🗌
100		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR	PART 2)	
11	₹	IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL	214 INJURY OCCURRED	21R PLACE OF INJURY		211 LOCATION STREET	CITY OR TOV	WN COU	NTV	STATE
	Σ	WHILE ONOT WHILE O	(AL NOME, STREET, PACTORY, OFFICE	E, FARM, ETC.)	1	CHTORIO	/	,	STATE
			a) attended the deceased from		8/17 1050	10 121	17 108	G 1h	o (In we)
		22a I certify that (10this hospit		Carl	10		-		uses stated
		220.1 certify that (1) this hospit sow the eccused plive on.		80 .01	id that in (my) (our) opinio	n death occurred on the de	ote and hour and to	om the co	
	ď	sow the eccased plive on abave, (1) we) (didified not				n death occurred on the de			CINED /
					DEGREE		22	C. DATE	GNED A
		sow the ecrosed plive on above. [1] Me I did id did not 22h. SIGNATURE	View the pady after death		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF		GNED ST
		sow the eccased plive on abave, (1) we) (didified not	View the pady after death		DEGREE	MEDICAL STAI	FF		(7) St
1		SOW ME CONSESSED DIES ON OBONE, IN DE CONSESSED DIES ON OBONE CONSESSED DIES ON OBSESSED DIE	PRINT)  23b. DATE  23b.	NAME OF C	ATTENDING PHYSICIAN  22R ADDRESS  EMETERY OF CREMATORY	MOICAL STAI	FF 22	DATE 9	17/50
		sow the ecrosed plive on, obove, (I) Me) (didd) (Idid not 22). SIGNATURE  224. PHYSICIAN'S NAME (TYPE OF	PRINT)  23b. DATE  23b.	NAME OF C	DEGREE ATTENDING PHYSICIAN  22R ADDRESS	MEDICAL STAIL	FF 22	DATE 9	rylate rylate

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

N 0 11 00 % U 0 6 Mark Day of the second of the second AND WAY THEY SEEN : Mary Town and I remain a manual and the CAS XTHROTHER 25 28 1/21 8 Elfer 35 11/2 COS 5-1-15 & S. J. F. Therend 17-50-1150 ATLANACION . DELL Simply of the stimus of TENERS OF THE STATE OF THE STAT

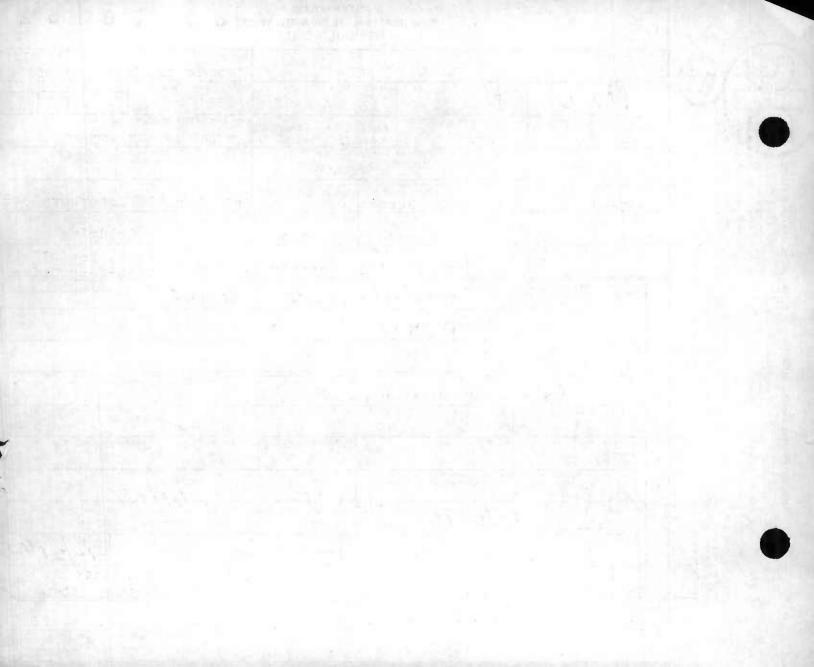
FOR - STATE

(VR A 15 (4))

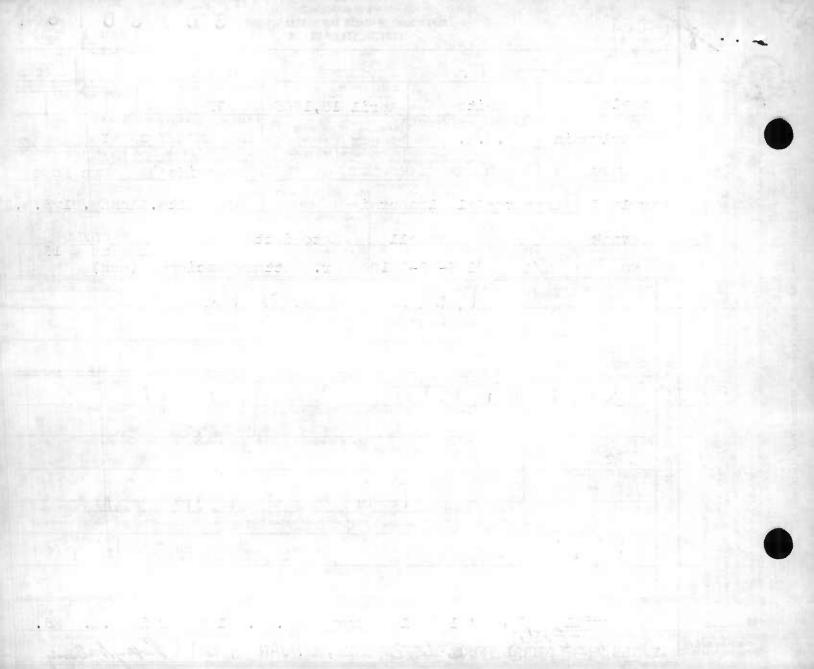
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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Severna

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

CIUO U O PROPERTO DE LA CONTRACTOR DE LA Market Told Told

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ROBERT Emmett REIGHTLER DECEMBER 28, 1980 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR an. 76 YRS To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED ANNE ARUNDEL COUNTY WIDOWED M 19. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR FIE NOT IN SUCH FACILITY, GIVE STREET AGDRESS! INDUSTRY GLEN BURNTE NORTH ARUNDEL HOSPITAL heetmetal worke 13a STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. Fieldstone Place 14 FATHER'S NAME MIDDLE Hartlove Robert Ada 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRESS HE YES GIVE WAR OR GATEST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE if any, which gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDIC/ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 2/7/2 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an 12 50 and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated obave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OF PRINT) CONSTANTINE J. PADUSSIS.

7300 Ritchie Highway 500 Empire Towers Glen Burnie, Maryland 21061

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. REDISTRAR

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

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24 FUNERAL DIRECTO Pasadena, H. Mountain & Tich

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APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 80 ,19\_\_\_\_\_, and that in (my) (ear) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN Olivet Baltimore. Marvland Truman Schwab 3512 Frederick Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

12b. KIND OF BUSINESS OR

above

IF UNDER I YEAR

INDUSTRY

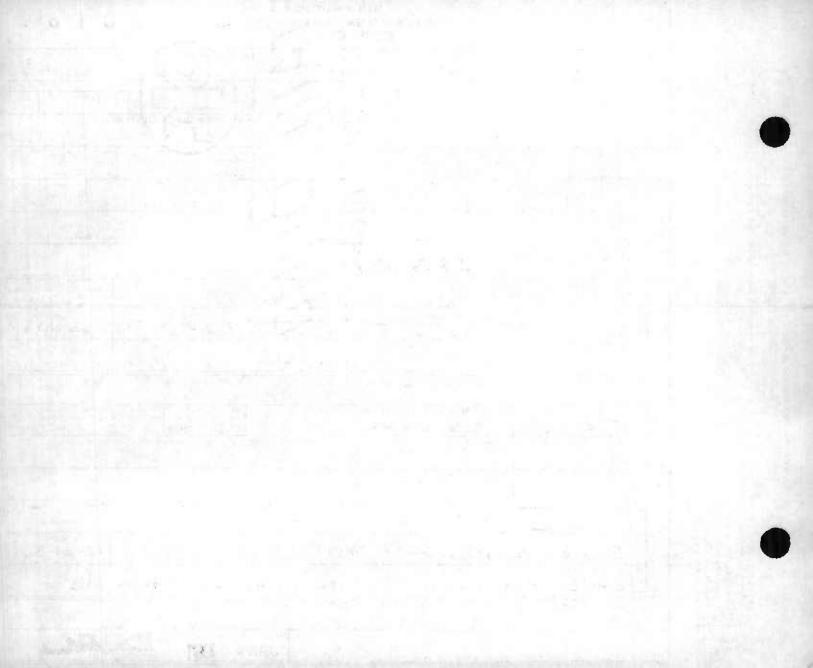
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y he		OR PRINT) RUTH		Katcef	R	OSE NIBLOOM	20 DATE OF DEA	12	31 80	2b HOUR	
1	1 SEX	Female	White		S DATE O		6 AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS DAYS	HOURS A	M
	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE C	ITY OR COUNT	TY OF DEATH		
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equires the signed by the plear the prical, ta burial, ta burial, or c	NO	PART 2 OTHER SIGNIFICANT	10)				INAL DISEASE OR	CONDITION G	IVEN IN PART 1	٥	
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IYSICIAN: TI ding physicia s certificate buriol-tronsii Mentol Hygi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	OF INJURY IN ITEM 18	, PART 1 OR PART 2)		
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TTENDIN spital or STOR: Aft for use at of Health		220.1 certify that (I) (the sow the deceased alive or above, (I) (wa) (did) (did	12.	he deceased from	6.0	-3/- 19 80 and that in (my) (***) opinion	, 10	2 - 31 the date and ha	, 19 <u>80</u> , our and from the	that (I) (we couses state	e)
TAL OR A by the hos RAL DIREC detached tote Dept.		22b. SIGNATURE	Helse	hul		PHYSICIAN [	MEDICAL DIRECTOR D	STAFF HYSICIAN []		SIGNED	(
HOSPI ined b FUNE buld be th the S		22d. PHYSICIAN'S NAME (TYPE OF	1	4014		104 Forb	es St.	Ani	napolis	\$	
	(:	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	/N	COUNTY	STATE	E
DHMH - 16 50M 1/76 (VR A 15 (4))	24_FU	urial INERAL DIRECTOR NAME rdestv F'H. 12 Ri	11-2-31	ADDRESS		11/	Annapo E REC'D. BY REGIS N 2 198		AACO STRAR'S SIGNA	Md TURE	-



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME Lost 2b. HOUR 5 Day 80 Year Harry Clyde Rude Month (Type or print) 3:41 AM 4. RACE S. DATE OF BIRTH 3/30/12 6. AGE (In years IF UNDER 1 YEAR IF TINDER 24 HRS 3. SEX Causcian last ( Baay) MONTHS HOURS Ma le 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Penna USA Anne Arundel Co. WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street Admie A undel Gen. Hospitalost of work Mejichanistired.) 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH Selly Employ Annapolis DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13c CITY OR TOWN 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13b. COUNTY A.A. CO. 1164 Little Magothy View Annapolis Md. NO YESK Middle 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Collins Isaac Rude Elizabeth 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give per or dates of service) (Yes, nagranknawn) 176-03-2695 Anne Bell Sherrick Rude Same as 13 a-e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CO VO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Marterioselevotic rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse please requires that the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? NO T YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING -21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram \_\_\_\_\_\_, 19 &O , ta \_\_\_\_\_, 19 &O , that (I))(we) last saw the deceased alive on \_\_\_\_\_\_, 26 \_\_\_\_\_, 1980 , and that in(my) (aur) apinian death accurred an the date and hour and fram the causes stated abave (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S James G. Chaconas, MD Richie Hwy. Arnold, Md. NAME Nype) shauld be shauld t Connellsville, Fayette, Pa. 23c. NAME OF CEMETERY OR CREMATORY Green Ridge Memo. Park 23a. BURIAL CREMATION, 23b. DATE 12-8-80 REMOVA (Specifica ] 256 REGISTAR'S SIGNATURE ADDRESS 25 PEC PBX REGISTRAPSO 24. FUNERAL DIRECTOR Beall Funeral Home, 1212 West St., Annapolis, Mark DHMH - 163/7225M (VR A15 (4))

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STATE OF MARYLAND

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3 SE	PE OR PRINT)  JOANNE  X 4 RACE	( NMN)				NTH DAY YEAR TO HOLLE
7a.8				Ryan	OF ESTI- DEATH MATED 12	10.1100
70.B	Female White	5. DATE OF BIRTH MONTH DAY YE. Feb 17, 19	6. AGE (IN YEARS IF	UNDER TYR. IF UNDER	24 HRS. 2c. DATE MON MIN: PRONOUNCED	TH DAY YEAR 2d HOUR
3/1	URTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MINITPV2	RRIED NEVER MARRI	9 BALTIMORE CITY OR CO	
0	Mass.	USA		OWED DIVORCE	Anne Arundel	
3 Ar	nnapolis	11. NAME OF HOSPITAL, (IF NOTIN SUCH FACILITY, G Anne Arund	lel General	Hospita (DOA)	12d. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) . U.S. Governmen	OR INDUSTRY
13a. S	AL RESIDENCE (IF IN MURSING HOME OF STATE MILE OUN P. G.	OF OTHER INSTITUTION, GIVE RESIDENTY  13c, C C C	ENCE BEFORE ADMISSION) CITY OR TOWN EMP Springs	13d. INSIDE CITY LIMITS? YES NO 🛣	4700 Teka Ct Cam	20031 p Springs
14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
6 16g.	John WAS DECEASED EVER IN U.S. ARA	F. HAD FORCES?	Ryan SOCIAL SECURITY NO.	Regina		
2-0	YES, NO, OR UNKNOWN) (IF YES, GIVE	1111 OR DARCE)	5-54-9746	John F. Ry	mp Springs, Md. 200 an-father 4700 Tel	031 ke Ct.
	18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	) RV.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	9540 IMMEDIAT	E CMUSE (0)	owning			
	Conditions, if any, which	00010,00000	CONSEQUENCE OF			
	gove rise to immediate cause (a) stating the under-	DUE TO, OR AS A C	CONSEQUENCE OF			
3	lying couse lost.	(c)				
2	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT	RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PAR	RT Teal.	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
1 1						YES X NO
3 8	210 EXTERNAL CAUSE WAS	21b. TIME OF INJUR HOUR A.M. MON		HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART TO	OR PART 2)
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH 8:41xx 12	8 <sub>19</sub> 80 S		ed from bridge	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACTORY, FAR	RM, ETC.)	STREET POR	CITY OR TOWN	COUNTY STATE
		Waccz		esapeake Bay		e Arundel, Md.
	22a. I certify that I taak charg	e of the remains described al causes . Accide		apsy X, Inspectiar	Undetermined manner ,	y apınıan
		20		TITLE (SPECIFY)		
1	ACTUAL SIGNATURE WIG	ma Lyol	an	M.D. Assistan	MEDICAL EXAMINER SH	ATE 12/9/80
MEDICAL CERTIFICATIO	EXAMINER'S NAME Vies	ginia L. Dola	an, M.D.	ADDRESS 111 Pe	nn Street, Baltimo	ore, Md.
23a. E	BURIAL, CREMATION, REMOVAL 2 SEECIFY) BUrial	36 DATE 12-13-80	Resurrection	or CREMATORY n Cemetery	23d LOCATION Clinton, Md	COUNTY STATE
	UNERAL DIRECTOR ee Funeral Home	6633 010			REC'D. BY REGISTRAR 1256. REGISTRAR	A STATE OF THE PARTY OF THE PAR

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12		1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0172
y be	death		CEASED NAME FIRST OR PRINT) TWILE	A D.	Ry2NAR	12-9-80 "	DAY YEAR 20 HOUR 6 A M
age 4 may	ector, pa	3 SE	Female	4 RACE White	5 DATE OF BIRTH MONTH GAY YEAR  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	FUNDER 1 YEAR FUNDER 24 HRS MONTHS GAYS HOURS MIN
death. P	n 72 hour tiffee at	, c	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arun	del CD MD.
201 ours after	by the fulled within	0	120 fton	1856 GEOME	Ca.	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LE BANK TELLER	12b. KIND OF BUSINESS OR INDUSTRY BANKING
AND 212	uld be filled in		AL RESIDENCE (IF NURSING HOMEON TO TATE , 136 COUR	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY  BEACH RIVERLA	ADMISSION) N 13d. INSIDE CITY LIMITS? ROACH YES NO	13. STREET ADDRESS 7333 44th TERR.	LOT. 648
MARYL uted with	mpletely ind 2 sho dicatrexa	14 FA	CUNKNOWN)	MODIE GOWER	IS MOTHER'S MAIDEN NAMES  ELIZABETI	MIDDLE -	JAILEY
BALTIMORE, MARYLAND 2120 ifficate be executed within 24 hour	e be executed an and compl Pages 1 and 3		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 154-07-	2457 EJU AZS	Yeoman Ctriss, Cr	ofton, Md.
: =	the attending physicii emove carbon papers. remation, or removal. other traumatic even		Conditions, if any, which gove rise to immediate cause (a), stating the	Ily one cause per line for 101, (b), on D BY  IE CAUSE (0)  OLIGIO NO CALCING  BUE 10, OR AS A CONSEQUE  DUE 10, OR AS A CONSEQUE	need of the Colo	on to Metastas	BETWEEN ONSET AND DEATH  2 4 Com  Com  Com  Com  Com  Com  Com  Com
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST IDING PHYSICIAN: The law requires that the death ce strending physician.	e has been signed by nermit. Then please range prior to burial, or shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF DIM	, SIP Pulmo	DEATH BUT NOT RELATED TO THE FERM  NETS & Embolis W  OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
4 OF VITA HYSICIAN physician.	this certificate ha urial-transit, perm Mental Hygiene d or Item 18 sho		214 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18,	
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DIA OSPITAL OH ATTENDI	AL DIRECTOR: tached for use a e Dept. of Heal T: If Item 21 is			of the principal of the deceased from the principal of th	DEGREE	death accurred on the date and had	ur and from the causes stated  221. DATE SIGNED  12-9-8-1
BA To tair		23a (	BURIAL, CREMATION, REMOVAL	12/9/80 Me	NAME OF CEMETERY OR CREMATORY  tropolitan Crem	atory Alexand	Pra, Virginia
	HMH-16 25M RA 15, 4) 1/79	24 F	T6000 Annap	olis Rd., Bow	ie, Md.	CREC'S BY GES STRAN	Contract of the second

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STATE OF MARYLAND

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aws any	7	CERTIFICATION	190 DATE OF OPERATIO	ON	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
Mental Hygor Hem 18 sh	1		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	ISE OF DEATH	21b. TIME OF HOUR A.A	M. MONTH	DAY YEAR		Y OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, F	PART 1 OR PART 2)	
morked or I		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE C	OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	٧	COUNTY-	STATE
of Health			270.1 certify that (1) (the so-the deceased above, (1) we solid	haspital	29 Dec	deceased fro	28_De		9 <mark>80</mark> ) opinion de	to 29 Dec	e ond hou	19_80	that (I) (we) last
VT: If Item			27% SIGNATURE	H	) [	Ples death	an	DEGREE ATTEN	NDING	MEDICAL STAFF	: AN 🗌	22c DATE 29 D	signed ec 80
should be detainwith the State Camportains.	1		James D.		-	MC S		22e ADDRESS Kimbroug	gh Arm	y Community	1	pital.	Md. Ft Meade
₹ ₹ <u>₹</u> —	7	23a. E	URIAL, CREMATION, RE		23b. DATE		3c. NAME OF C	EMETERY OR CREM		23d. LOCATION CITY OR TOWN			
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0M7/77		24. FÜ	INERAL DIRECTOR		, _, _	ADDRESS			250. DATE	REC'D BY REGISTRAR 2	Sb. REGIST	RAR'S SIGNAT	U8E
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STATE OF MARYLAND

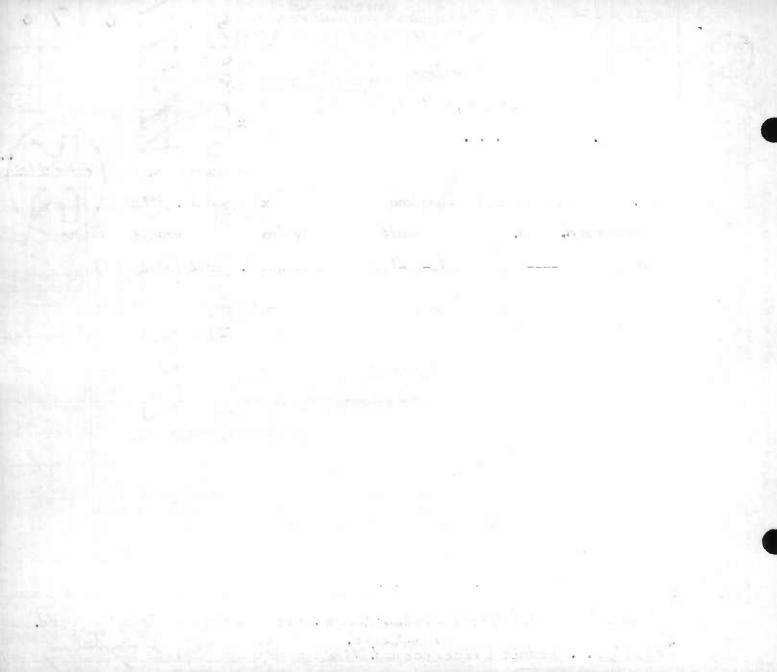
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED S. Eugene Schubert 19 80 4. RACE 6. AGE (IN YEARS) IF UNDER 1 YR. 5. DATE OF BIRTH 24. HOUR 9:00 DATE PRONOUNCED 1980 Oct. 2.1963 17 YRS DEAD Male White 5 FOR Y 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED 🗌 NEVER MARRIED 🎞 FOREIGN COUNTRY) USA France WIDOWED DIVORCED Anne Arundel WITH FORM PM 3. RETAIN PAGE 5. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WITH RECORDS, 201 W. ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Gambrills Wooded area off Rt. #450 Student High School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 7549 Ridge Road 13c. CITY OR TOWN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 134. INSIDE CITY LIMITS? 13b. COUNTY Severn Md. NO X 14. FATHER'S NAME PAGES 1, ORM PM MIDDLE MIDDLE Hamlen Schubert Eleanor Eugene 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 218-84-6904 James Proctor, same as No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Perforating Gunshot Wound of Chest DUE TO, OR AS A CONSEQUENCE OF (unspecified weapon) Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A B CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES K NO [ 3 SHOULD BE DEPARTMENT FORWARDED TO THE COR: PAGE 3 SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING SOR 10 80 Subject shot 21E LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P Gambrills. Anne Arundel, Md. 212011 wooded area Rt. 450 X 22a I certify that I took charge of the remains described obave, held on Autapsy Inspection and in my opinion Homicide X Undetermined manner Natural cause TITLE (SPECIFY) Assistant MEDICAL EXAMINER 12/9/80 Dixon, M.D. 111 Penn Street 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Dec.80 Resurrection Cem. Clinton M. Clinton, Prince George, Md.
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE BP 24. FUNERAL DIRECTOR **DHMH-17** James S. Kirkley, Glen Burnie, Md. (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

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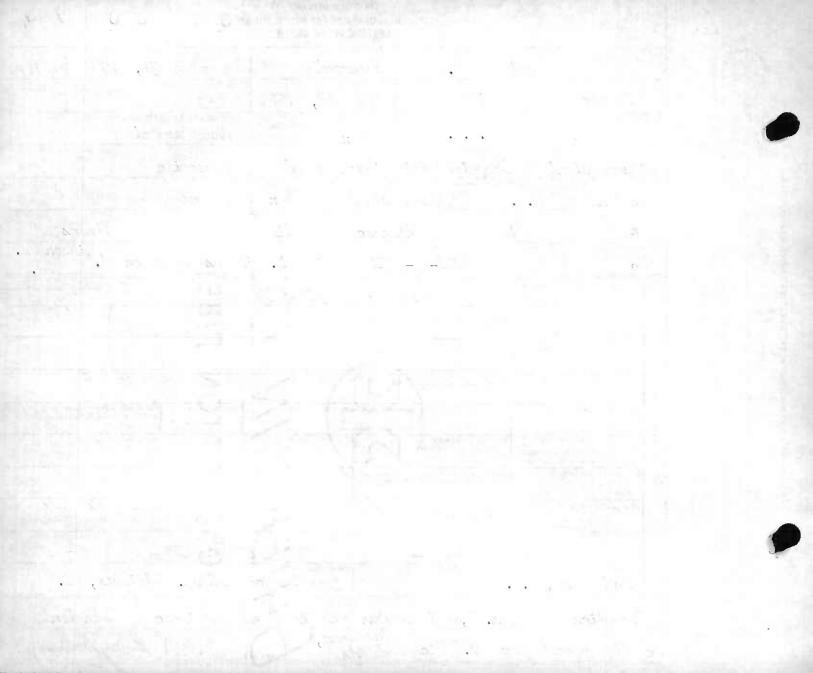
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1	DEC	REGISTRAR  EASED NAME FIRST OR PRINT)		MIDDLE	LAST LAST		REG. NO.	TH DAY	YEAR 2b. HO
1	Cav	Conn	ie	Darlene	Scott	DEATH	MATED 1		
3	SEX	emale White	MON	TE OF BIRTH VEAR 6. AGE (IN YEAR LAST BIRTHDA 179, 1961 19 YR	Y) MONTHS DAYS HOURS	R 24 HRS. 26. DATE PRONOUN DEAD			9 80 1dd
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		n Burnie	N	orth Arundel Gene	ral Hospital	Secretary		Well	Ldrill
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14	_	THER'S NAME	MIDD		15. MOTHER'S MAID	EN NAME	DDLE	LAS	ST
0		Lawrence	A.	Scott	Evely	2	veonne	Mayn	
1 16	oa. W	AS DECEASED EVER IN U.S. A	RMED FO	DATES)	NO. 17 INFORMANT	4 5	ADDRESS	0	
		No -		212-92-174	1 Laurence	A. Scott	same as		
		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one	couse per line far (a), (b), and (c).)	10. 78.		1	APPR BETWEE	ROXIMATE INTERV. EN ONSET AND DE
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		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).			
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3	AT	190. DATE OF OPERATION		196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?			20 AU	TOPSY?
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			ran of th	e remains described above, held an	Autopsy X, Inspection	on , Inquiry	, ond in m		
- }								/ opinion	
		death resulted from: Nat	ural cau	ses 🔼, Accident 🔲, Sui	cide , Homicide ,	Undetermined ma	nner [],		
		ACTUAL JANA	10	LONG.	TITLE (SPECIFY) Assista	nt	DA	.TE 1	2/28/8
7		SIGNATURE CONTRACTOR	αιζ	-00 100	M.D	MEDICAL EXAM	INER SIC	SNED	,, .
A.	and I	EXAMINER'S NAME VI	rgin	ia L. Dolan, M.D.	ADDRESS_	111	Penn Str	eet	
2	_	IRIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN			
1	(5)	Burial	12/	31/1980 Meadown;	doe Mem. Pank	10	21	OUNTY	STATE
2	4 FL	INERAL DIRECTOR	14/	COLUMB	250. DATE	REC'D. BY REGISTRA	75h REGISTRAR	S SIGNATUL	Md.
	M	NAME ( 11 1 11 M		n & Tich Nech Rd	111d.	1004	thinks	y Mel	ready
14	111C	LULLY FATTAPOU	ntai	n a lick Neck Kds	21122 31	111 0 1001		-	



STATE   REGISTER   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.			FOR				TE OF MARYLAND	TAI HYGIENE	0	7 0	1 7	7
DECEASED NAME   FAST   MAGGE   LAST   St. DATE   ROOM   MORTH   CAY   TAX   DATE   CONTINUED   LAST				N			-		0			
SEAN   CACCE   SOATE OF BIRTH   SOCIAL SECURITY NO.   SOUTH   STATE   SOCIAL SECURITY NO.   SOUTH   SOCIAL SECURITY NO.   SOCIAL S		1. DEC	CEASED NAME	FIRST		MIDDLE			DATE KNOWN		AY YEAR	26 HOUR
Table Note   Date   D		( ) / /			KON			7 SR.	DEATH MATED		7 1980	PN
To BITHPLACE   STATE OF	1	3. SEX				AY YEAR LAST BIRTHD			RONOUNCED	MONTH D		2d. HOUR
IN CITY OR TOWN OF DEATH   IN AMAR DE HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   IN AMAR DE HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN) (IN HOSPITAL)   ITS USUAL OCCUPATION (TITTO I WORK OR PUSIN)   ITS USUAL OCCUPATION (TITTO I WORK PUSIN)   ITS USUAL OCCUPATION (TITTO I	1	7a BI			Th CITIZEN OF	WHAT COUNTRYS	RS.					M
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18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c)		160. W	AS DECEASED I	EVER IN U.S. ARA			Y NO. 17. INFORMAN	ĬΤ	72ADDRES	See Wi	nd Dr	n
18. CAUSE OF DEATH (Enter only one couse pertine for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (D)	1	1	S, NO, OR UNKNOW!	(IF YES, GIVE	WAR OR DATES)	215 07-4	527 Verno	n I. Se	eim.Jr.S	hrewsh	na Di	Pa
Conditions, if ony, which gove rise to immediate couse (a) storing the under-lying couse lost.    Due to, or as a consequence of the reminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 in    Part 2 Other significant conditions Contributing to death sufficient in Part 1 in    Part 2 Other significant conditions Contributing to death sufficient in Part 1 in    Part 2 Other significant conditions contributing to death sufficient in Part 1 in    Part 2 Other significant conditions contributing to death sufficient in Part 1 in    Part 2 Other significant conditions contributing to death sufficient in Part 1 in    Part 2 Other significant conditions contributing to death sufficient in Part 1 in    Part 2 Other significant in Part 1 in    Par				TH WAS CAUSED	TE CAUSE OF	terescle	rules CZ	18	100	-		
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UNDERLYING OR CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural couses Accident Signature Accident Accid		z	PART 2 OTHER SIGNI	FICANT CONDITIONS		ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1 10.		HE DO		
UNDERLYING OR COUNTIBUTING CAUSE OF DEATH  P.M. 19  71d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK  NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY  22e. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from:  Neutral couses , Accident , Suicide , Homicide , Undetermined manner ,  TITLE (SPECIFY)  SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  F. L. J. BARCH  ADDRESS	+	ATIO	190. DATE OF O	PERATION	19b. CON	IDITION FOR WHICH OPER	ATION WAS PERFORMED	)?		2	0. AUTOPSY?	
UNDERLYING OR COUNTIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK  22e. I certify that I took charge of the remains described above, held on death resulted from: Notify that I took charge of the remains described above, held on death resulted from: Notify farm, ETC.)  19  22e. I certify that I took charge of the remains described above, held on death resulted from: Notify farm, ETC.)  19  27e. I certify that I took charge of the remains described above, held on death resulted from: Notify farm, ETC.)  19  27e. I certify that I took charge of the remains described above, held on death resulted from: Notify farm, ETC.)  10  11  12  12  12  13  14  15  15  16  17  17  17  18  18  18  18  19  19  19  19  19  19		TIFIC									YES 🗆	NO
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ACTUAL SIGNATURE COMMERCE SIGNED 12-17-0  EXAMINER'S NAME FLIN HARCH  ADDRESS AMONGO COMMETCEN DE 124 DOCUMENTO DE 124 DOCUME			22a. I certify	that I taok charg	e of the remains	described obove, held on	Autopsy , Ins	spection ,	Inquiry . o	nd in my opinio	n	ing real
ACTUAL SIGNATURE CAPACITY MEDICAL EXAMINER SIGNED 12-17-C  EXAMINER'S NAME FLID BARCH ADDRESS ADDRESS MED 12-17-C  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. TOCATION COUNTY STATE			deoth resulted	from: Notur	al couses,	Accident, Su	icide , Homicide	. Undeterr	mined manner ,			
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EXAMINER'S NAME ELINARECT ADDRESS Annopolis, Mea  230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE	2		SIGNATURE 4	Mar	neser	- 47	M.D. Defie	MEDIC.	AL EXAMINER	SIGNED_	12-11	0
236. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION CURY STATE	1	4			LIUBA	redt	ADDRESS_	long	oli, n	e _		
		230. BL	IRIAL, CREMATIC	ON, REMOVAL 2				23d LOC CITY OR	ATION	COUNTY		ATE
Burial 12/20/1980 Loudon Park Baltimore, Maryland  24 FUNERAL DIRECTOR  21/20   1250 DATE REC'D. BY REGISTRAR'S SIGNATURE		24 FI	Buria	1 1	2/20/1	980 Loud				· · · · · · · · · · · · · · · · · ·		
G.Truman Schwab 5151 Balto.Nat'l.Pike DEC 2 2 1980		G	NAME TYPINE	n Schw	ah 515	1 Ralto Na	-17	DEC 2.	2 1980	firfry,	Marin 11	roley

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6	1.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 0	30178
(1) t		REGISTRAR  CEASED NAME FIRST OR PRINT)  (and	ol P.	Sherwood	PEG. N 20. DATE OF DEATH December	
Page 4 rtia director, pri haurs offer d	3. SE	x Female	4 RACE White	5. DATE OF BIRTH May 18, 1998	02	MONTHS DAYS HOURS
rer death. Po e funeral dir within 72 hau		RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8.  MARRIED NEVER MARRIED    WIDOWED DIVORCED	Anna Ann	er COUNTY OF DEATH
by the fu	211	ibson Island	11. NAME OF HOSPITAL, NU CENOT IN SUCH FACILITY GIVES SKYLVALER ROA	RSING HOME OR OTHER INSTITUTION IREET ADDRESS, d Gibson Island	120. USUAL OCCUPAT (TYPE 95 WORK FOR MOST OF	F WORKING LIFE   INDUSTRY
in 24 hourst he should be in sh		ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN Anyland 136 COUN	ITY 113CEITY OR	n Islandyes NO IX	Skywaten	Road
mpletely and 2 st		ather's NAME anny FIRST	Lay Lay	rimaose Rosalie	NAME	Thomas
n ond co	16a. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS WAR OR DATES! 212-03	2-0252 Camilla S.	Gibbons Sky	
requires that the death ceren signed by the attending it. Then please remove carbo at to buriol, cremation, or re y injury, or other troumatic e	Tion			QUENCE OF  TO DEATH BUT NOT RELATED TO THE TE		
he low on.  those be it permit in pe	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20e AUTOPSY?  YES □ NO X	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
SKCIAN: The ng physicic certificate ringl-transit them 18 shown them 18	/	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
offendin offendin ter this of the bur h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.]	CITY OR TO	WN COUNTY STA
OR ATTENDING the hospital or DIRECTOR: All oched for use of Dept. of Health		226. I certify that M (this hospit sow the deceased alive an above. (I) (was (did) (did not 226. SIGNATURE	Keen per 7	82	on death occurred on the d	ote and hour and from the causes sto
PITAL by the ERAL e dete dete Stote	-	22d. PHYSICIAN'S NAME (TYPE OR	and Chang mi	ATTENDING PHYSICIAN 22e ADDRESS		FF   /2/8/
TO HOSPITAL etained by 1 TO FUNERAL should be der with the Store (MPORTAN):		Paul Chang, M.	.D.	Good Sama		Baltimore, M.
F : - " / 22	(	BURIAL, CREMATION, REMOVAL Decity nemation	Jan. 2,1981	231. NAME OF CEMETERY OR CREMATOR Loudon Pank Cremato	ory Baltimon	
DHMH-16 60M 1/73 (VR A 15 (4))		UNERAL DIRECTOR		Pasadena, Marione	DATE REC'D. BY REGISTRAN	25b. REO STRAR'S SIGNATURE



		1.	FOR STATE		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 0	30179			
poge 3 or death		(TYP)	ORPRINT) E/i	zabet	MIDDLE H. SI	nith		DAY YEAR 26 HOUR -80 2 A			
frer frer	1		-emale	BIQ.	1.0.	ATE OF BIRTH  AONTH DAY YEAR  1 17 08		MONTHS DAYS HOURS MIN			
W	195	70. B	RTHPLACE STATE OR FORE		- A	RRIED XXIEVER MARRIED C	9 BALTIMORE CITY OR COU ANNE ARUNDEL				
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ond completely		14. F	CHÂRLES	WIDDLE	HÄLL	15. MOTHER'S MAIDEN N	AME	WILLIAMS			
icion and co bers. Pages 1 ol.		léa N	VAS DECEASED EVER IN	U.S. ARMED FORCE FYES, GIVE WAR OR DATES			ADDRESS  ITH 130 Hearn R	d. Annapolis, Md			
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te hos beer ssit permit. giene prior	9	CERTIFICATION	190 DATE OF OPERATIO	N 196 CO	NDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
ng phys certifico mol-tror entol Hy	9	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR		EAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	A 1B, PART I OR PART 2}			
After this e os the bu olth and M		MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	[AT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE, FARM, ETG		CITY OR TOWN	COUNTY STATE			
DIRECTOR: Joched for us Dept. of He	7	,/	220. I certify that (1) (the sow the deceased obove (1) (2) (did) (22). SIGNATURE	is hospital) attended	d the deceosed from 19 CO ody ofter death.	DEGREE  ATTENDING PHYSICIAN		hour and from the causes stated  22c. DATE SIGNED  12-20-80			
TO FUNERAL should be determined by the Stote			RONAL	0	2811	22e ADDRESS					
	\$	B	BURIAL, CREMATION, RE URTAL	12-21	4-1980 PINEI	OF CEMETERY OR CREMATORY AWN MEM. PARK	23d LOCATION CITY OR TOWN  Annapolis	COUNTY STATE			
을 으유통 함 3P		B	BURIAL, CREMATION, RE	12-24	23c. NAME	AWN MEM. PARK	CITY OR TOWN	A STATE OF THE PARTY OF THE PAR			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs retained by the haspital or attending physician.

BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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4 may be

death. Page

1	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AN	MENTAL HYG	IENE 8	Q REG. N	3	0	à	8	0
		CEASED NAME OR PRINT)	tta		ipman		AST NYDE	R		of DEATH cembe		), 1	980	26. HOL	4
	3 SE	x Female		RACE Whi	te	S. DATE C. MONTH	DAY	, 1916		N YEARS LAST BE	RTHDAY)	IF UNDE	R I YEAR DAYS	IF UNDER	R 24 HRS
70	N	orth Care	olin	a (	WHAT COUNTRY?	WIDOWE	D	R MARRIED	2	Anne	or count Arund	de1			MI
0	Mi	11ersvil	le	8308 C	_	HO16	Roa		(TYPE OF W	OLY T	OF WORKING L	IFE) IND	KIND OF DUSTRY, 1V1		ess or erv
35	Ma	AL RESIDENCE (IF NURS STATE ryland	13b. COUN	OTHER INSTITUTION TY VA	GIVE RESIDENCE BEFORE  131. CITY OR TOWN  Millers	N	eES □	NO 🔀	830	et address 08 Ju		s Ho	ole	Roa	ıd
20	14. FA	Kemsey	٨	S	hipman			R'S MAIDEN NA. Ada		MIDDLE		Μι	11 <sup>1</sup> ^57	.nax	2
1		vas deceased ever yes, no or unknown) NO	(IF YES, GIVE	WAR OR DATES	166 SOCIAL SECU 244 • 16 • 3			Merber		Snyd			ame 13		
9	CERTIFICATION	Canditians, if any, gave rise ta imm cause (a), statin underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERAT	nediate g the last NEICANT C	ONDITIONS CO	R AS A CONSEQUE	DEATH BUT			20a AL	TOPSY?	20b. IF YE	S, WERE		GS USE	TH?
9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOT IFY MEDICA	AUSE OF DEAT	21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c. HOW	INJURY OCCURI	YES _		_	PART 1 OR	PART 2)	NO [	
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		22a. I certify that (1) saw the deep sabove, (1) (we) (d 22b. SIGNATURE					nd that in m	, 19 (aur) opinian ATTENDING PHYSICIAN	death occu		date and ha				
)		Will to	cl	VATER	FIELD			<ul><li>Agnes</li></ul>	s Ho	spita		alti	mor	e,	Md.
	(	Burial, CREMATION, SPECIFY) Burial	REMOVAL	Dec.	23,80 G.				G:	len B		county	IA	Md	ATE.
		ingleton	Fune		me, Glen	Buri	nie,	1116	C22	1980	25h REGE	Ay.	heel	head	7

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Burial

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST = 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS PINEY VIRGIE DECEMBER 19 1980 STEVENS IF UNDER 1 YEAR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH Female White 1900 Oct. 28. 80 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Virginia ANNE ARUNDEL COUNTY WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NORTH ARUNDEL HOSPITAL GLEN BURNTE Homemaker Own Home USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY
112- CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 387 Walnut Trail AnneArundel Crownsville -NOT 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Witt Richard Wilson Alice D. **ADDRESS** 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Same as (IF YES GIVE WAR OR DATES) No 216-42-7485 (Husband) Mr. John W. Stevens APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HIGH RELATED TO THE TERMINALIDISEASE OR CONDITIONS GIVEN IN PART LIE CERTIFICATION % DATES OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 He 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY 5 CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on\_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SJGNATURE DEGREE 22c. DATE GIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 27d PHYSICIAN'S MAME (TYPE OF PRINT) 22 ADDRESS 95 AOUAHART ROAD 21061 NICK P. MOUTSOS, M.D. GLEN BURNIE, MARYLAND 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.Pk

FUNERAL HOME GLEN BURNIE, MD. DEC

CITY OR TOWN

Glen Burnie

COUNTY

STATE

Md.

BP\_\_\_\_

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

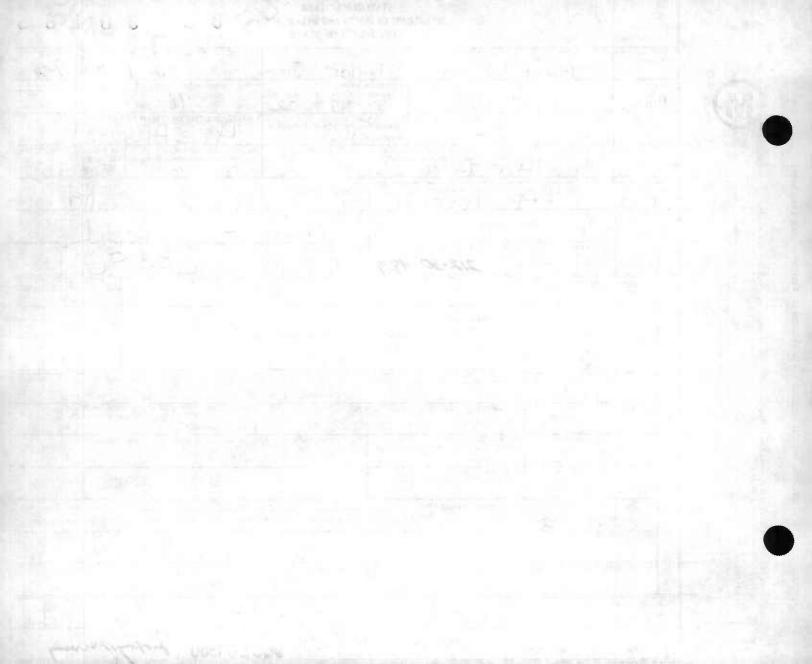
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30	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MI CERTIFICATE OF DE	ATH	REG. NO.	3 0 1	8
I. DE	CEASED NAME FIRST	ert Wilson	Taylor	Ze. DATE O	F DEATH MONTH	DAY YEAR 2	9 30
3 SE		1 RACE	S DATE OF BIRTH	YEAR	EARS LAST BIRTHOAY	MONTHS DAYS	F UNDER 24 HR
70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MA		RE CITY OR COUNT		
3	ON COOLS	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTIT	UTION 12a. USUAL	OCCUPATION IK FOR MOST OF WORKING	LIFE) 12b. KIND OF I	BUSINESS C
	STATE 13b CC	E OR OTHER INSTITUTION, GIVE RESIDENCE OF 13c. CITY OR 1	OWN 134. INSIDE CIT	Y LIMITS? 130. STREET	ADDRESS DOLL	ell Ro	
121	ATHER'S NAME FIRST	MODILE TOURIST	- 55. 15. MOTHER'S	DO GOOD	WIDDLE	OITC LAST	
	VAS DECEASED EVER IN U.S. NES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES! 212-34	ECURITY NO. HINFORMAN	Taylor 5	ADDRESS QC	, #13	
	PART I DEATH WAS CA	ranly one cause per line for (a), (b) USED BY: DIATE CAUSE (a)	nondicio Lent	fa.lm		BETWEEN ON:	SET AND DEAT
other traumatic	Canditions, if any, which	DUE TO, OR AS A CONSE	ouence of ucola	Intert		3~	us
5	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			Jan - E - Ja	
>					E OR CONDITION C	IVEN IN PART 1(a)	
NO	PART 2 OTHER SIGNIFICAN	TONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	o the terminal diseas	E OR COMPINON O	SIVEIN IIN PART TO	
2 TIFICATION		. Disposii		I ln. h	OPSY? 20b. IF Y	YES, WERE FINDING TIFYING CAUSES OF	
STIFICATION	Antho	196 CONDITION FOR WH	ICH OPERATION WAS PERFORA	MED 200 AUT	DPSY? 206. IF Y	ES, WERE FINDING TIFYING CAUSES OF YES	F DEATH?
S Shows any	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 CONDITION FOR WH	ICH OPERATION WAS PERFORA  DAY YEAR  19  216 HOW INJU	MED 700 AUTI YES URY OCCURRED (ENTER N	DPSY? 206. IF Y	ES, WERE FINDING TIFYING CAUSES OF YES	F DEATH?
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DHMH-16 25M (VRA 15, 4) 1/79

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



requires that the death

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the buial-transit permit. Then please remove carbompapers. Pages 1 and 2 shauld be filled within 72 hours or with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

executed within 24 hours after death. Page 4 may be

	FOR	VEF		EALTH AND MENTAL HYGI	ENE O U		
1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO		E.S.
	CEASED NAME FIRST	MIDDLE	L	AST		MONTH DAY YEAR	2b HOUR
(TYPE	CORNEL	IA W.	TA	YLOR	DECEMBI	ER 30, 1980	2:28
3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEA	R IF UNDER
F	'emale	Negro	Sept		84	YRS. MONTHS DAYS	HOURS
7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF		
D	O.C.	U.S.A.	WIDOWE	All and a second	ANNE ARUI	NDEL COUNTY	
	LEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE NORTH AF			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Books)	WORKING LIFE) INDUSTR	OF BUSINE
13a. S	AL RESIDENCE (IF NURS IN CHOME OR STATE 136 COUN Md. P.G.	NTY 13c. CITY OR			13e. STREET ADDRESS 706 60th		
	THER'S NAME FIRST	MIODLE LAS	ī	15. MOTHER'S MAIDEN NAM	MIDDLE	Pindell	AST
			SECURITY NO.	17 INFORMANT	ADDRES		
N	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	578-6	6-8801	Audrey Griggs	Daughter S	ame 13e.	
	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	rd	e aner			
ICATION	Conditions, it ony, which gave rise to immediate	DUE TO, OR AS A ONS  (b)  DUE TO, OR AS A CONS  (c)	SEQUENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR COND  200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USE
RTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W	SEQUENCE OF	NOT RELATED TO THE TERMII N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	INGS USEE S OF DEAT
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WEDICAL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION  2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEALIFIED ALUNG ALL WAS ALL WORK AL	DUE TO, OR AS A CONS (c)  DUE TO, OR AS A CONS (c)  ONDITIONS CONTRIBUTING  19b. CONDITION FOR W  17b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	CEQUENCE OF  GIODEATH BUT  HICH OPERATION  H DAY YEAR  19  FFICE FARM. ETC.)  ram  C  23c. NAME OF CI	NOT RELATED TO THE TERMII  N WAS PERFORMED  21c. HOW INJURY OCCURRI  21l. LOCATION  STREET  , 19  and that in (my) (aur) apinion delegree  ATTENDING PHYSICIAN  22e. ADDRESS 325 HOC	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJUR  CITY OR TOV  eath occurred an the da  MEDICAL STAF  DIRECTOR PHYSICI	20b. IF YES, WERE FIND IN CERTIFY ING CAUSE YES   YES   YES   YES   COUNTY  THE ONLY OF PART 2)	S', that (I) (we causes sta

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

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Hd. P.G. Fairmont Met. x 705 60th Ave.

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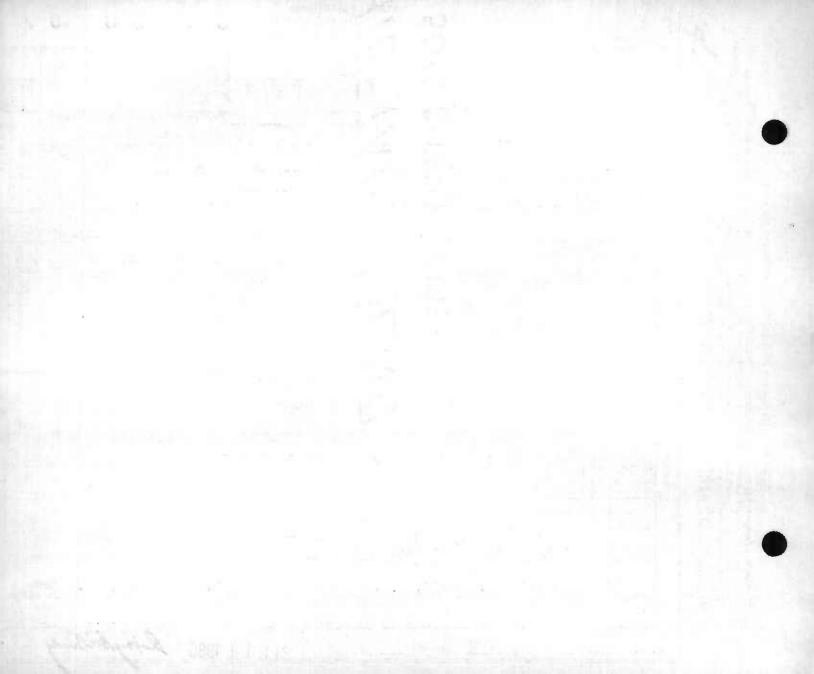
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28.28	1	Th.	CEASED NAME FIRST E OR PRINT) erman STAI	NLEY	MIDDLE	TAYLOR	20. DATE KNOWN OF ESTI- DEATH MATED	N X MONTH	DAY YEAR 4 1980	2b. HOUR
97.4.5	ONTREE		Male White		1928 LAST BIRTHDAY	S IF UNDER 1 YR. IF UND MONTHS DAYS HOURS	ER 24 HRS. 26 DATE PRONOUNCED DEAD		4 <sub>19</sub> 80	24 HOUR 2:30 P. M
NEGES SOLE	35	FC	RTHPLACE (STATEOR REIGN COUNTRY) PISTOL TY OR TOWN OF DEATH	U.S.A		MARRIED NEVER MAI	RCED 🗌 Anne Aru	indel Co	unty	MD.
DELAY IS 3 TO THE P N PAGE	53	Ar	napolis	Anne A		al Hospital(D	DA) Carpente	1	OR INDUSTI	RY
P. 21201 IF ANY I. AND 3	L RECOR	13a. S	Md A.A.	Co.	13c. CITY OR TOWN  Lothian	13d. INSIDE CITY LIMITS?	X 630 Bayard	Rd.		
ORE, MC DEATH. GES 1, 2 MM PM 3	0FVITA	F	THER'S NAME FIRST  rank	MIDDLE	Taylor	15. MOTHER'S MAI FIRST Elean	WIDDLE		Taylor	
BALTIMA S AFTER GIVE PA PAGES I	IVISION	(Y	ies	WAR OR DATES)			s Glascoe 4105		am Bch.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  VER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N CATE. WRITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FU FORWARDED TO THE CHIEF MEDICAL EXAMINER A GLONG WITH FORM PM. 3. RETAIN PAGE 5 OR. PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT, PAGES 1 AND 2 SHOULD REPHIED.	ITH AND MENTAL HYGIENE, REMATION, OR REMOVAL.	NO	18. CAUSE OF DEATH (Enter an PART I DEATH WAS CAUSE!  Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PART 2 DTNER SIGNIFICANT CONDITIONS	(b) DUE TO, O	Gunshot Woun or as a consequence of		PART 1 (a):		BETWEEN ONSET	AND DEATH
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200		FOR	DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE ()	30188
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経典書を報告が	/a_Bi	RTHPLACE (STATE OR 76. REIGN, COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	D J. BALTIMORE CITY C	OR COUNTY OF DEATH
田業と言葉の作	/		1150	WIDOWED DIVORCE		REUNDEL MD.
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W W I E E K		640	/ \	TITLE (SPECIFY)		
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RAT AT		SIGNATORE STATE		m.b.	MEDICAL EXAMINER	SIGNED
NA HO	-	EXAMINER'S NAME	. 6 24 1/110	/2	1 19	0
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 211	23- P	URIAL, CREMATION, REMOVAL 23b. I	DATE Too Marie of Co.		IN IOCATION	
F m or F < vo	230.B	PECIFY)	Z3C. NAME OF CE	METERY OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY STATE
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	24. FI	JNERAL DIRECTOR		25a DATE	tion by Recestable 199, pecu	ISTEAN & BIGNATURE
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15M 7/77	1	ohert 5 Bar	ranco " Severna	Park My		
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DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH LAST 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) 950 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR ONTHS DAYS HOURS 1914 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARPENTER + MERCHANT SEAMAN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6812 Ft. Smallwood Rd NO X 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Julia. Numberg ADDRESS 17 INFORMANT Helena Vahtras same as 13 e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISESSE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO F NO 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 21f. LOCATION CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 60 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE Westview Mem Park Baltimore. Maryland 250. DATE REC'D. BY REGISTRAR 25h A GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto 21225 George J. Gonce 4001 Ritchie Hgwy.

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		ECEASED NAME FIRST			20 DATE OF DEATH		26. HOUR
	2.6	ALICE	4 RACE	VANDERGRIFT	DECEMBER		1:45 /
B	3. Si	den .		5. DATE OF BIRTH  MONTH DAY YEAR	60		HOURS MIN.
	7n F	FEMALE ISTATE OR FOREIGN	WHITE  76. CITIZEN OF WHAT COUNTRY	JULY 19, 1920	A DALTHAGE CITY OF	YRS. COUNTY OF DEATH	
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medical			WAR OR DATES)	1-11	PHNO	AmeAs #13	
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emaval.		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y one cause per tine for (a), (b),	ond (c).)		BETWEEN ON	ATE INTERVAL
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or o		ALDY A CYLIST SIGNATURE	(c)	an la	7 Tue	cesso	
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of _	- 2	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	In How bulling occur	YES NO	YES 🗌	NO 🗆
Hygiene 18 shows		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
or frem 18	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	100		
	MEDICAL	21d INJURY OCCURRED	21s. PLACE OF INJURY	21f. LOCATION	CITY OR TOW	VN COUNTY	STATE
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Ö		22a.1 certify that (1) (this haspit	al) attended the deceased from		to	th-	ot (I) (we) lo
E .S				ond that in (my) (aur) opinion			
n 21		above, (I) (we) (did) (did not	) view the body after death.		- decim decorred on the do	-	
Dept.		22b SIGNATURE	-01	DEGREE	EDICAL STAFF	22c. DATE SI	IGNED
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with the State		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e. ADDRESS		2106	51
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M-						DIA DOMIATE	MILL
X (1)	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	. CITY OR TOWN A	COUNTY	A. STATE
		(SPECIFY) BURIAL	12/30/80	KERRS CEMETER	MINERALK	IDGE OF ME AR	CHIO
2/80	24. F	UNERAL DIRECTORIZ A D NIE	3	21018 250. DA	TE REC'D. BY REGISTRAR	N. REGISTRINGS CONTROL	E
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REGISTRAR

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(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

HOURS

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Known

APPROXIMATE INTERVAL

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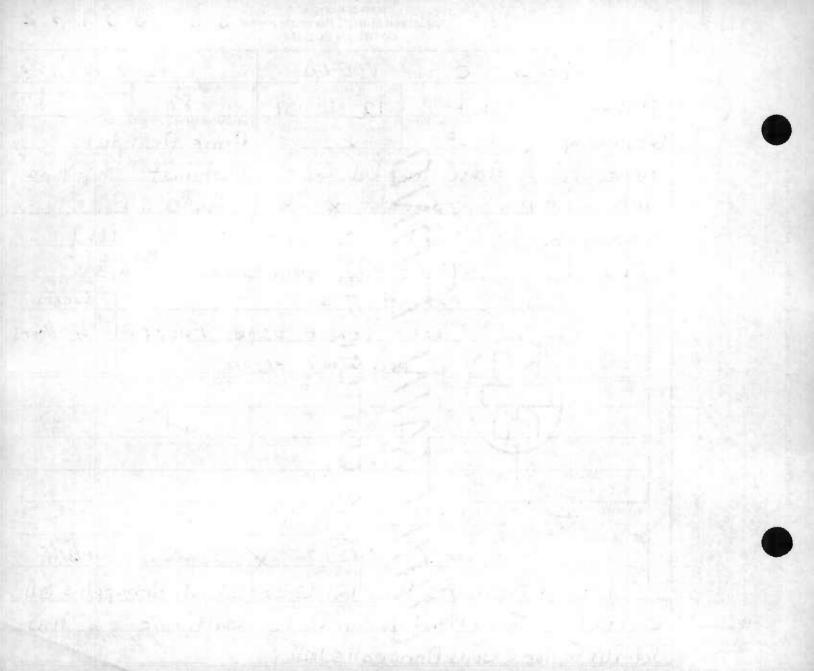
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INDUSTRY

IF UNDER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26. HOUR 31 80 220 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 201- IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) COUNTY STATE ond that in (my) (aur) opinian death occurred on the date and haur and from the causes stated 22c. DATE SIGNE ATTENDING MEDICAL STATE BY REGISTRAR 256. REGISTRAR'S MCNATURE DHMH-16 30M 2/80 (VRA 15, 4)



STATE OF MARYLAND

WINDOWS OF DESIGNATION AND ASSESSMENT OF THE PARTY OF THE MEI:II DEUI , IV. LENCUNAD INTIGENE ISUNUEA HIMNY TIMBU KALU The Man will be at Youth MELL YOUR SHOPE

**DHMH-16 25M** (VRA 15, 4) 1/79 - STATE

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 7845 OAKWOOD ROAD, #200 GLEN BURNIE, MARYLAND 21061 COUNTY 12-24-1980 Pittsburg Burial Calvary Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS Hardestvi Funeral Home Annapolis Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E.D.T.

2b. HOUR

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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INDUSTRY

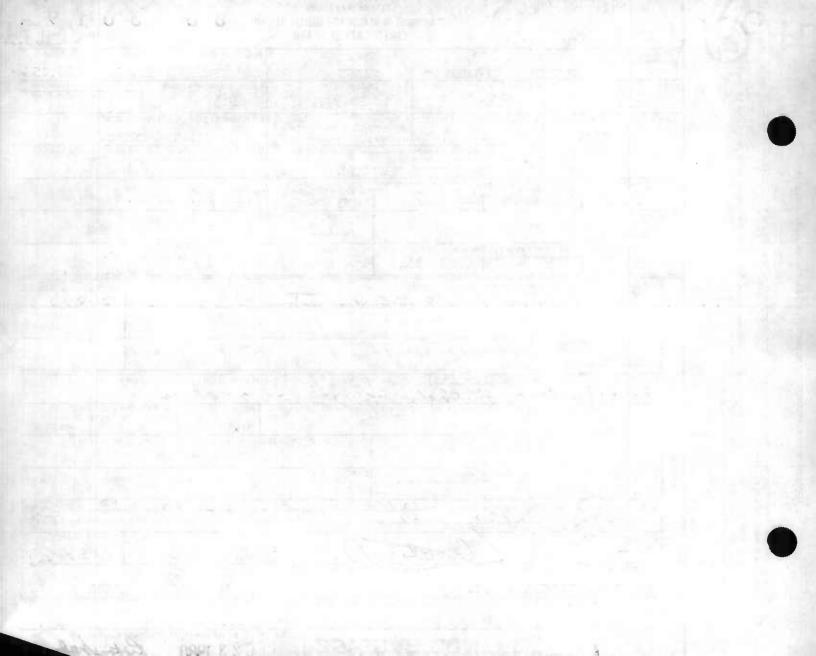
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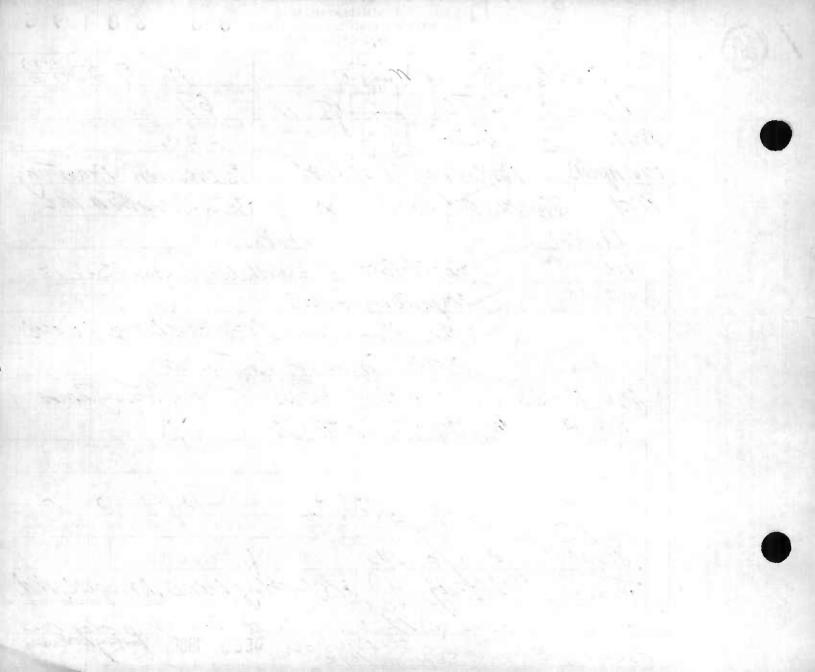
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IF UNDER 24 HRS HOURS



1	(M)	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		0 1 9 5
	oge 3		CEASED NAME FIRST	B, Con	miniton	20 DATE OF DEATH MONTH	7 80 9 M
	ge 4 moy ector, po	3 SE	Male	White	S DATE OF BIRTH	6 AGE (IN YEARS LAST SIRTHDAY)	IF UNDER : YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Page of the Page o	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	
10	s offer de by the fur iled within	10. C	MADOLLS	NAME OF HOSPITAL, NE	IRSING HOME OS OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE-OFWORK FOR MOST OF WORKIN	12h KIND OF BUSINESS OR
ND 2120	24 hours	USU 13a	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) 13d. IN SIDE CITY LIMIT VES NO 1	. K// 1//////	Mis & Parc
MARYLA	ed within mpletely ond 2 sh	14 F/	ATHER'S NAME	MIDDLE LAST		KAOUSA	LAST
BALTIMORE, A	and con Pages 1 of medical 6	160 V	VAS DECEASED EVER IN U.S. /	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO 17 INFORMANT	address eth Warrington	- 500 13
	rtificate be g physician anpapers. emoval.		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	JSED BY.	Mirs FARRER	Cin Courring of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	deoth cert attending I ove carbor fron, ar rer oumatic ev		1629 IMMEDI	DUE TO, OR AS CONS	EQUENCIOF - Chronic	Ostrofice Dix	ma / weeks
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٥	TTENI pital TOR: far us af He 21 is		22a. I certify that (1) this has sow the deceased alive	ospital) attended the degeased fi	1.3.4	onion death occurred on the date ond	hour and from the causes stated
	at OR A the hos at DIREC etoched of Dept. T: If Item		Olinh!	ma 1/2	DEGREE ATTENDIT	ING MEDICAL STAFF	224. DATE SIGNED
	TO HOSPITAL C retained by the TO FUNERAL D should be detec with the Stote D	1	TOOLS W.	nonoffer	MD. 7036-6	day Avene, K	mapols, ml.
	BP Of S A M	100	SURIAL, CREMATION REMOV.	AL 238 DATE	23c. NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION CITE OF TOWN	COUNTY STATE
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		_		2606	1100 / 11/2		-

STATE OF MARYLAND



	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0 3	0196
		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
		SELM	A W	IATTS	12-21- 80	7 4 4
(PAR)	3 SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS
1000		Female	Caucasion	August 31 1899	81 YRS	DATS THOURS
14 2	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
5 1	M	arvland TY OR TOWN OF DEATH	U.S.A.	WIDOWEB DIVORCED	Anne Arundel (	MD.
470		Marlet	MARYLAND	MANOR	Type of work for most of working life HOUSEWITE	126. KIND OF BUSINESS OR INDUSTRY Home
A SECTION AND A	Ma	ALRESIDENCE IF NURSING HOME OR STATE IN 136 COUN A A			13. STREET ADDRESS	7
2 sho	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM		
and 2	P	hillip	Mvers	Emma	MIDDLE	Otto
ages 1 a		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN)   IF YES, GNE	WAR OR DATES)		ADDRESS	or Glen Burni
s been signed by the attending prit. Then please remove carbon prior to burial, cremation, or rews any injury, or other traumati	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		TE \$ 085		N IN PART I(a)
ctan. ificate has b nsit permit. Hygiene pri n 18 shows	CERTIFICATION				YES NO YES	ING CAUSES OF DEATH?
is certific ial-transi lental Hy or Item	_	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
After this the buri	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: or use as of Healt m 21 is r		22e I certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased fram	, 19, and that in (my) (aur) apinian (	, ta, ideath occurred on the date and haur	9, that (I) (we) last and from the causes stated
ed by the hosp  JNERAL DIRE  Jbe detached f  he State Dept.  RTANT: If Ite		276. SIGNATURE	Seel		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO FUNE should be dwith the St		MCHAEL B	Bebelman M	D. 54000000	VET RD RANCH	USTOUN MID
8P	23a. (	BURIAL, CREMATION, REMOVAL SPECIFY) BUTIAL		NAME OF CEMETERY OR CREMATORY Len Haven Mem. P	CITTONTOTT	COUNTY STATE
	24. F	UNERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REGISTE	
DHMH-16 25M (VRA 15, 4) 1/79	Ja	mes S. Kirkle	ey 421 Crain F	Twy Glen Burbie	EC 2 6 1981	7

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DEPARTMENT OF HEALTH AND MENTAL HYGENE () CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH First Last 2b. HOUR (Type or print) Year Bessie 1:30 A M -vola 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdoy) HOURS -15-89 YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED led. Worth Carolina U.S.A. Anne Arundel WIDOWED IX DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12h. KIND OF BUSINESS OR þ give street address)

8 = Burns during most of working life, even if retired.)
Housewife INDUSTRY 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Crossing Rd 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 136. COUNTY Mary land NO T Severn 8= Burns Crossing Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last William Lillie Osborne Lyday Monroe = 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address same as above (Yes, no or unknown) (If yes give war or dates of service) 409-56-5748-D Mary E. Hays APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY medicke IMMEDIATE CAUSE (a) offending DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F hos 21a. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) burial, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work 19 79, to Dec 30, 19 80, that (1) (we) lost 220. I certify that (I) (this hospital) attended the deceased from // saw the deceased glive an Dec 12 1980, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did nat) view the bady ofter deoth. haspital 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS should be of Health of NAME (Type) retained 23d. (LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE (County) 23a. BURIAL, CREMATION, Nashville 1/3/1981 Woodlawn Mem. Cemetery Tenn. 250 BIC'D BY REGISTRAS 2Sb. REGISTRAR S WONATUR 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M Raymond C. Fink Glen Burnie, Md. DATE (VR A15 (4))

STATE OF MARYLAND

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1 4	100 m	-	STATE OF MARYLAND
1			FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 3 0 9 8
(- 4)			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
188			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26 HOUR
Ban	* ~ · · · × · ·	(111	JOSEPH KEVIN WHELAN DEATH MATED 12 21 1080 12 AM
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	日本のと		MD. WISA WIDOWED DIVORCED DILIVER HAUNDEL
	LAY IS NECESSARY, HEAST OTHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS. 5, 201 W PRESTON STREET,	10/5	MID INCOME THE MID
	PAGE FILED	MJ.	OR INDUSTRY
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TIM	AFTER IVE PA H FOR AGES I	(Y	5. ND LOR UNKNOWN) [IF YES, GIVE WAR OR DATES]
BALTIMORE, MD. 21201	JRS AFTER DEATH. IF ANY DELA. B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PAR 3. RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OF AUTAL RECORDS,		NO 1 - 2/3-16-938917. DEDUIS WHELAW 47 13
ST.	IIN 24 HOURS AI IN ITEM 18. GIV ? ALONG WITH SIT PERMIT. PAC HYGIENE, DIVIS MOVAL.	13	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY  BETWEEN ONSET AND DEATH
8	SA SA SA SA SA SA SA SA SA SA SA SA SA S		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Multiple infunes  Juster
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ISI	PREPARE	ă	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION
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	WARE WARE PAGE 2120		ATWORK ATWORK & blighway Kamleh. HARD MO
	SH SH SH SH		22a. I certify that I took charge of the remains described above, held an Autapsy 🔲, Inspection 🗹. Inquiry 🖳, and in my apinion
	EXAMINER: CERTIFICATE LID BE FOR DIRECTOR: WITH THE MARYLAND	-	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner,
	AR AR AR		A TITLE (SPECIFY)
	MAN THE		ACTUAL DATE 13.1 CC.
	SER FR		SIGNATURE M.D. DEPART MEDICAL EXAMINER SIGNED 12, 21, 80
	W DE AND AND AND AND AND AND AND AND AND AND	. 7	EXAMINER'S NAME Elinhart
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL.		(TYPE OR PRINT) [L. LIUHAROT] ADDRESS (Jamepolis) ht
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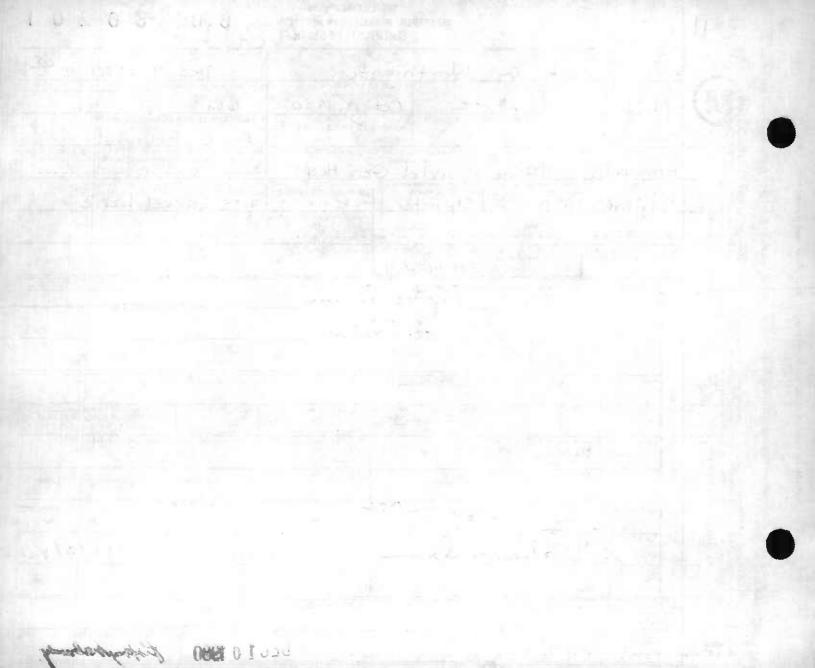
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DEC

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND



3	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	0 2 0 2
deoth	(TYPI		resa M	Yester	20. DATE OF DEATH MONTH	78 1980 11 pm
softer rs ofter	3. SE	e MAle	White	S. DATE OF BIRTH  MONTH  Sept 17 1888	6 AGE (IN YEARS LAST BIRTHDAY)  9 2 YRS.	MONTHS DAYS HOURS MIN
72 hours	1	IRTHPLACE (STATE OR FOREIGN OUNTRY)  ryland	76 CITIZEN OF WHAT COUNTRY		Anne Arundel	
by the fun- filed within	10 C	ITY OR TOWN OF DEATH  Len Burnie		NG HOME OR OTHER INSTITUTION TADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  HOMEMAKET	12b. KIND OF BUSINESS OR
filled in sould be	130	Md. ISB COUR		YES NOXX	13e STREET ADDRESS 223 Carvel Rd.	
ond 2		ATHER'S NAME DSEPH	Neubeck Neubeck	15 MOTHER'S MAIDEN NO FIRST UNKY	nown	LAST
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en signed by the attending physician and campletely then please remove carbonpapers. Pages 1 and 2 short abural, cremation, ar removal.  injury, or ather traumatic event, the medical evamines	Z	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	1 1	JENCE OF  DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
e has been sit permit. If grene prior the haws any in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ESNO
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che che pep		sow the deceased alive on	ital) attended the deceased from,  10 19 19 11 view the body offer death.	DEGREE	n death occurred on the date and has	22c. DATE SIGNED
FUNE FUNE old be the St		7278 PHYSICIAN'S NAME ITYPEO MUSTA	Fa C. Oz	PHYSICIAN  220. ADDRESS  MD 605 B	A Blud Sen	elm park
BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1/2/81 H	NAME OF CEMETERY OR CREMATORY Oly Cross Cemetery		COUNTY STATE A.A. Md.
H - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDRESS I	Balto 21225 250. DA	TE REC'D. BY REGISTRAR 256. REC'S	TRAR'S SIGNATURE

George J. Gonce 4001 Ritchie Hgwy.

DHMH - 16 50M 1/76 (VR A 15 (4))

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ROBERTS, BARRANCO SOI PITCHIE

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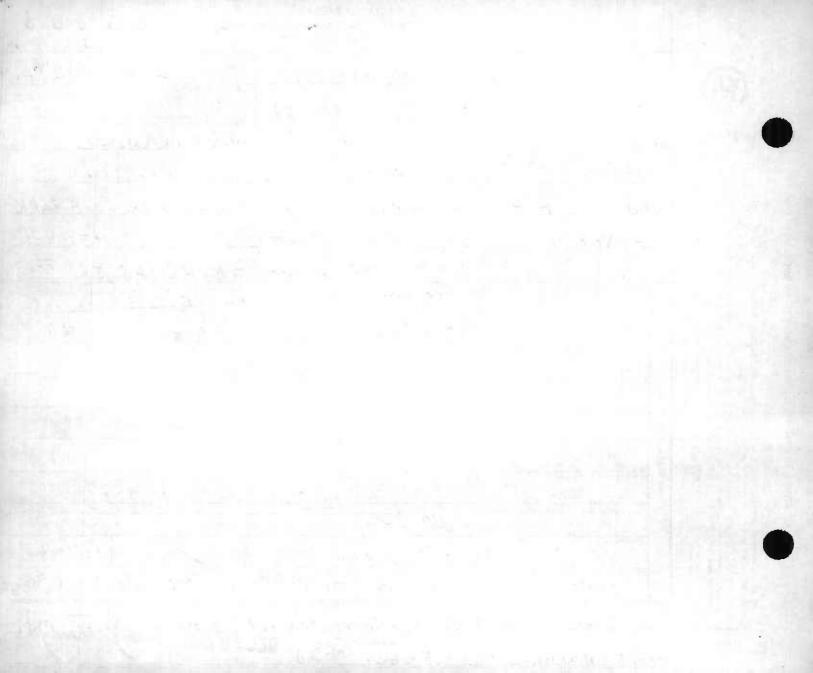
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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TATE CERTIFICATE OF DEATH EGISTRAR REG. NO ASED NAME LAST AA IDDI E 20 DATE OF DEATH MONTH 10:50 PRINT) 18 80 DEC **ZSIMOVAN** VIVIAN A 3. SEX RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINIDER 24 NR MONTH YEAR F CAU 24 1904 NOV 76 O BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED VIRGINIA USA ANNEARUNDEL WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FT. MEADE, MD KIMBROUGH ARMY COMMUNITY HOSPITAL HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND ANNE ARUNDEL ODENTON YESX 538 PRINCE CHARLES AVENUE NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE WILLIAM VIOLA UPDIKE POE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT A7938S NORTHBOUND LN RT 3 (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212 18 2268 NO MRS. KATHYRN POLLARD GAMBRILS. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARCINOMA, LUNG IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE SEPTEMBER DECEMBER 220.1 certify that (X(this hospital) attended the deceased from, sow the deceased alive on 25 JULY 19\_obove, (1) (3c) (did) (3c) (2c) (view fly 10 80 80 , and that in (my) (X) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

BP DHMH - 16 50M 7/77

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24 FUNERAL DIRECTOR (VRA 15 (4))

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

VICENTE P. ANG. MD

23c NAME OF CEMETERY OR CREMATORY

KACH, FGGM, MD

23d. LOCATION

STATE

BURTAI FT LINCOLN CEMETERY MAMEDONALDSON FUNERAL HOME ADDREAUREL, MD

BRENTWOOD. MARYLAND

Hungar Day, 22,1080 et bryonkondanga diserbood, 22,1080 et bryon